Lectures

INTRODUCTORY TO THE STUDY OF DISEASES OF THE SKIN.

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LECTURE V.

B. *Constitutional Treatment.*

GENTLEMEN,—Before entering into details with regard to the constitutional treatment of diseases of the skin, a few preliminary observations are desirable. Let me remind you that a disease which is purely local cannot be benefited by any internal medicine (except arsenic, which acts specially upon the skin), while local treatment is almost always preferable to it. On the other hand, if an eruption is symmetrical—thus indicating, as a rule, its constitutional origin,—or diffused over an extensive surface, it is much more likely to yield to constitutional treatment. Again, if an eruption is coming out rapidly, even when there is no constitutional reaction, it generally requires what is denominated a cooling treatment, and is likely to be aggravated by the use, at the outset, of iron, arsenic, and such remedies. It must also be borne in mind that if any derangement of internal organs, of the kidneys, digestive organs, &c., complicates a skin affection, remedies specially directed against the skin disease—tonics, for example—are almost certain to aggravate it.

As long as an eruption continues decidedly to improve, and if the general health is not suffering from the use of the remedy, no radical change should be made in the treatment; but if, as sometimes happens, the patient tires of the long continuance of one prescription, the remedy may be given in another form. Further, if a particular medicine is decidedly indicated, and if the patient starts objections to it without good reason, and if you are of opinion that no other medicine has any chance of being equally effectual, it is sometimes allowable to give it in a concealed form. (It is in order that the patient may not know that he is taking opium that the name of the opium pill of the Pharmacopœia has been changed from "pilula opii" to "pilula saponis composita.")

In conclusion, let me say that the most judicious treatment is very apt to prove abortive if the diet and regimen are not carefully attended to, in regulating which you must be guided by broad general principles. But let me warn you—and this is a point which is too often ignored,—that sea-air and sea-water are very apt to prove prejudicial in the subjects of skin affections, with the exception, perhaps, of those labouring under strumous diseases.

Purgatives or aperients are of service in at least one-fourth of all skin diseases, at the outset at all events; and many can be cured by the exclusive use of them. This is especially true of the eczematous group when seen in the early or acute stage, and when associated with digestive derangement or constipation. In doubtful cases it is safer to inaugurate the treatment with aperients; but it must never be forgotten that where debility is well marked, or where there is a decided tendency to ulceration, great caution is required in the use of purgatives. In the employment and selection of purgatives and aperients we must be guided by general principles.

A very excellent aperient is the well-known sulphate-of-magnesia and sulphuric-acid mixture; to which, if there is a gouty tendency, a little wine of colchicum, or, if anæmia, sulphate of iron, may be added as follows:—Sulphate of magnesia, three ounces; dilute sulphuric acid, an ounce and a half; sulphate of iron, three drachms; simple syrup, six ounces; syrup of ginger, one ounce; infusion of quassia to twenty-four ounces: a tablespoonful, in a good deal of water, three times a day.

Another very useful tonic aperient, especially if the bowels are easily moved, and if there are indications of nervous debility, is the following:—Phosphate of soda, three ounces; dilute phosphoric acid, two ounces; syrup of ginger, six ounces; compound infusion of gentian, eight ounces; distilled water to twenty-four ounces: shake the bottle: a tablespoonful, in a large wineglassful of water, to be taken three times a day.

In each case the dose must be so regulated that the bowels are kept freely open. If purging is induced, it must be diminished; while, if the bowels are not acted upon, a pinch of sulphate of magnesia may be added to each dose in the case of the first prescription, a little phosphate of soda in the second.

In acute cases, one or two full doses of calomel, followed by castor oil or a seidlitz powder, is often beneficial at the outset; but prolonged purgation must in every case be avoided, for although it may remove the eruption for a time, it returns whenever the treatment is stopped, and, by weakening the patient, may indefinitely prolong the disease.

We are told that sulphur is the great blood depurant in the case of diseases of the skin; but, for my part, I have as little faith in it when administered internally as when used as a local application. When it does good, it is generally in virtue of its purgative action; while it has this drawback, that it is converted into sulphuretted hydrogen, so that the secretions have a disagreeable odour. It is usually given in electuary with acid tartrate of potash, but it is better to prescribe one of the natural mineral waters containing it; and the fact that some of these do not act as purgatives must not be taken to disprove my assertion with regard to the *modus operandi* of sulphur, for the benefit which accrues may be due to the combination of salts held in solution. Those of Harrogate and Moffat in this country, and of Aix-la-Chapelle, Enghien, Barèges, and Luchon on the continent, have the greatest reputation in this respect; and while some of these waters may be had from the chemist, it is always more judicious, when it can be effected, to send the patient to the spring itself, for he is thus certain to get the waters fresh and pure, and, away from home and the fatigues and anxieties of business, his body is at the same time invigorated and his mind refreshed.

Diuretics are indicated if the kidneys are torpid, especially in the treatment of the erythematous and eczematous group and in acute cases. Their diuretic action, however, does not always account for the good result observed: thus alkaline diuretics, such as the bicarbonate of potash, or neutral (which in the system are converted into alkaline) salts, such as the acetate of potash, probably do more good in virtue of their alkaline reaction. And this leads me to remark that *alkaline medicines* are especially useful in the treatment of skin diseases occurring in rheumatic and gouty subjects, and in persons who are martyrs to acidity, or in whom there is a tendency to the deposit of uric acid and of urates in the urine. The alkaline and neutral preparations which are most used are salts of potash, such as the acetate, bicarbonate, and citrate; but, if a stimulant is required, I generally prefer the carbonate of ammonia; and it will often be found of advantage to combine these remedies with arsenic, or, if there is a gouty tendency, with colchicum:—Carbonate of ammonia, one ounce; solution of arsenic, three drachms; syrup of ginger, six ounces; infusion of cascarilla to twenty-four ounces. A tablespoonful in half a tumblerful of water three times a day, after food.

It must never be forgotten that alkalies should be given largely diluted, and also some time before food, for although the administration of a small quantity of an alkali seems to cause an increased flow of gastric juice, a large quantity may neutralise its acidity. The dose should be so regulated as to keep the urine constantly alkaline as tested with litmus paper; and the medicine should be steadily continued, unless it disagrees, until some time after the disease has disappeared.

Sedatives and narcotics are indicated under the same circumstances as in the treatment of disease of other organs. But let me remind you—and the remark applies not merely to skin diseases—that sleeplessness is often the result of debility, in which case tonics, especially iron and arsenic, are the best narcotics. Sedatives and narcotics are of no use for the relief of irritation of the skin, except in so far as they may induce sleep; indeed if they derange the stomach they are very apt to increase the irritation.

But, as is well known, opium in small doses, frequently repeated, is of value in the treatment of affections of the skin occurring in broken-down subjects, especially in cases of ulceration; but then they do good in virtue of their stimulating, rather than of their narcotic, properties.

In genuine cases of urticaria perstans, that is nettle-rash, recurring from day to day, and from week to week, when it is independent of local causes, and when no constitutional derangement (disorder of the digestive organs or the like) is present, sedatives are sometimes curative, especially bromide of potassium in full doses.

Lastly, it need only be mentioned that the neuralgia which so frequently accompanies and follows attacks of zona (shingles) is best relieved by the subcutaneous injection of morphia.

Cod-liver oil is indicated in the treatment of strumous diseases of the skin, although it is of more value in preventing fresh outbreaks than in removing existing manifestations. The following case illustrates the above remark:—

A little boy was brought to the Glasgow Skin Dispensary, who had an elevated, warty, strumous patch about two and a half inches long by one and a half broad, on the buttock, —that disease which I described recently* under the name of lupus verrucosus. No local treatment was prescribed, but he was ordered to take a tablespoonful of cod-liver oil three times a day, in order that the students might have an opportunity of observing the action of cod-liver oil in such cases. The eruption improved very slowly, and it was about nine months before it had completely disappeared. Had appropriate local treatment been adopted simultaneously, there is no doubt that it would have been removed in a few weeks.

Cod-liver oil is also indicated in the treatment of skin diseases, although they are not strumous, provided they occur in strumous, half-starved, or broken-down subjects.

In dispensary practice we are often consulted by persons who have long been out of employment, whose diet has been very defective, and whose bodies are infested with lice. The use of cod-liver oil in full doses, without the use of parasiticides, often removes the disease by supplying the place of a nourishing diet.

A child, fifteen months old, was brought by his mother to the Glasgow Dispensary for Skin Diseases on Oct. 9th, 1862, affected with eczema impetiginodes. The eruption implicated almost the whole of the body, was very itchy, constantly exuding, and studded with crusts. The child was dreadfully emaciated, "just skin and bone," as the mother remarked. It could neither sleep nor eat, and was so weak that it had to be brought upon a pillow. The case looked hopeless, and, indeed, the child had been given up by the previous attendant; but, acting upon what I have observed in similar cases, twenty drops of syrup of the iodide of iron in a teaspoonful of cod-liver oil were prescribed, to be repeated thrice daily, and the dose of the oil to be gradually increased to a tablespoonful. "On Oct. 16th the child was better. The skin being still itchy, however, a lotion of dilute hydrocyanic acid, containing twenty minims to the ounce of water, was ordered, to be used thrice daily as a palliative. The oil was omitted for a week, as it produced purging. With this exception, the oil and iron were steadily continued till November 17th, about five weeks after the commencement of the treatment, when the mother brought the child, out of gratitude, to show how well it was. There was hardly a vestige of the previous eruption, with the exception of a few dry crusts and discoloured spots on the buttocks, which were rapidly disappearing. The child appeared to be in robust health; it was quite plump, and its cheeks rosy; its skin soft and white; its appetite very good; and its sleep sound and refreshing. The medicine was to be continued for another month."

It may be well to remark in this place that if cod-liver oil is taken greedily by infants, it is almost certain to do good, although the reverse does not hold. One other illustration of the good effects of this remedy may be given.

A man, aged about fifty, came to the Glasgow Dispensary for Skin Diseases in the year 1864, on account of an attack of psoriasis. He had a severe posterior curvature of the spine in the dorsal region; and, being out of employment, his diet was of a very inferior description. The eruption was very extensive, and had existed uninterruptedly to a varying extent for twenty-eight years; and yet, in the space of six weeks, under the influence of full doses of cod-liver oil alone, it had all but entirely disappeared; and I then lost sight of him.

It will thus be seen that I differ from Hebra, who limits the value of this medicine to the treatment of strumous diseases; and from many others who, on the other hand, laud it in the treatment of an immense number of cases of skin disease.

It is unnecessary to dwell upon the use of *iodine and its compounds*, as these are indicated in the same class of cases as cod-liver oil. Of course this remark does not apply to the iodide of potassium, to which reference will be subsequently made.

* Journal of Cutaneous Medicine, vol. i.

Clinical Lecture
ON
INFANTILE PARALYSIS AND PARALYTIC CONTRACTIONS.

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(*Concluded from page* 335.)

IF now we look back, gentlemen, we have become acquainted with three mechanical forces that may be active in the production of paralytic deformities: the actual weight of the affected part; the abnormal burden laid upon it during use; and, lastly, the eventual inability to alter a position of the joint that has been produced by the action of the muscles that are not paralysed. Of these, the last is the least influential; since the limbs, in the lack of antagonistic muscles, commonly fall back to their original position by their own weight. By a combination of these three forces every occurring case may be easily explained.

The most frequently occurring curvature of the foot is, as has been stated, the talipes equino-varus. We have seen that a paralysed foot is brought into this position by its own weight. Walking, and the pressure of the body upon the foot, act in an opposite direction. The younger therefore the child at the outset of the paralysis, and the longer the time that elapses before it learns to walk, the more easily will the foot be fixed in this abnormal position. There comes also into consideration that, as Dieffenbach first suggested, and as Hüter has by special investigation shown, the feet of new-born infants, and of children who have not yet walked, differ so much from those of adults in respect of shape and of the position of the ankle-joint, that Dieffenbach paradoxically said "all children were born with the first degree of club-foot." It is only by walking that the foot assumes the same relative position as in the adult. If the child, in consequence of paralysis, uses the foot only timidly, and if he is not in a position to rest upon it in its turn the full weight of the body, it will retain more or less of the form which, when established, is actual club-foot. If, moreover, the whole limb is behindhand in nutrition, the commencement of a talipes equinus will be by so much the more promoted. Even when the muscles in front of the leg are free from paralysis, a child will still allow the point of the foot to fall, and will touch the ground with it. I show you an example of this kind in the little girl with paralytic equino-varus. Under electric testing the peronei and the extensor digitorum act very plainly, although, from the general atrophy of the limb, they are but little developed. The sural muscles, the tibialis anticus, and the flexor digitorum do not act at all.

If the child be older at the commencement of the paralysis, if it be already able to walk, and is soon walking again, there may easily be produced a paralytic flat-foot. It is a matter of indifference whether the tibiales or the peronei are chiefly paralysed. Especially in all cases of severe paraplegia I have observed double talipes valgus follow, if only progression had been possible without crutches. In such cases the patient bears upon the ground with the entire sole; and the weight of the body, which

modifies the foot of the infant to the adult form, finds in the paralysed muscles no resistance. On the contrary, exactly as in the hip and knee, the patient designedly allows the foot to bend outwards until the physiological check comes into action, and the parts are thus held fast. The unnaturally strained ligaments cannot fail to yield somewhat in time; the bones on the side of the pressure will be retarded in their growth; and thus is formed talipes valgus. It is formed in the same way in a baker's or a smith's apprentice, who is kept upon his feet until his muscles are completely exhausted; or who strains his ligaments by carrying heavy sacks, or by working with heavy hammers.

But the foot of the paralysed has always one point of advantage over that of the apprentice,—it is taken much better care of. The patient who has been burdened with such an infirmity from childhood has chosen for himself an occupation that allows of a more sedentary life; and when at any time he uses the foot otherwise than as a prop, he allows it, even on account of the paralysis, to be more passively guided by its own weight than is that of the apprentice. But its weight tends exactly to counteract the flat-foot position, and rather would produce a degree of equino-varus. The muscles the insertions of which are abnormally approximated, when the foot during progression is pressed into the valgus position, and that under other circumstances would soon undergo shortening, are always extended again during rest. The contraction, therefore, occurs only slowly, and in a small degree. The paralytic club-foot soon becomes fixed, but the paralytic flat-foot remains long movable, and often so much so that the ankle-joint is quite loose.

In a still greater degree is this difference displayed in the talipes calcaneus, of which we have to-day, in combination with valgus, so good an example. While in the little girl, in whom the deformity is only of three years' standing, a very considerable force is required in order to restore the foot to its right position, it is enough in the boy, after twelve years, and although he is constantly walking on the foot, to bring the leg into a horizontal position, and the displaced heel immediately falls back to an almost normal situation. Even the coexisting very high degree of valgus in great part disappears when I hold the foot so that its outer margin looks upwards. The remaining deformity I can cause to disappear by slight pressure with the hand. The peronei are somewhat contracted, but extensible. Only one element remains, which is common to this deformity and to talipes varus, the concavity of the sole. Even by the strongest pressure this cannot be removed.

I have lately had opportunity to examine five cases of talipes calcaneus in children of from five to fifteen years old. They all presented the same conditions. In all five the muscles of the calf were totally or partially paralysed; but, notwithstanding, this deformity can least of all be explained as antagonistic. Not to say that it is not clear what muscles would be able so to bend round the prominence of the heel in a direction forwards, it must be considered impossible that the muscles, acting against gravity, could draw the calcaneum forwards with such force as even totally to alter the shape of the bones; and that yet, on the other hand, as soon as the weight of the front part of the foot comes into play, the calcaneum falls back nearly to its natural position.

The mechanical history of talipes calcaneus is precisely like that of genu recurvatum. Let us see our patient walk! While, in its step forwards, the affected foot is swung through the air, the deformity is slight. He now sets the foot down, and rests it, the further it is thrown forward, so much the more upon a part of the heel that does not belong to the proper contact surface, but to a point above this, nearer the insertion of the tendo Achillis. When he uses the paralysed foot as a support, from which to swing the body forward, the calcaneum, not being retained in its place by the paralysed muscles of the calf, is thrust forward; and, in consequence of this kind of progression, great stretching of the ligaments, and changes in the shape of the bone, are permitted to take place. The concavity of the sole, however, that is present in this case in the most extreme degree that I have seen, occurs partly from the sinking of the point of the foot during repose, and partly because, by the forward movement of the calcaneum, the points of attachment of the plantar muscles and fascia are continually brought nearer together.

Talipes calcaneus is uncommon; and at this we cannot be surprised. For reasons already known to you, the talipes equino-varus, in which the heel does not touch the ground during progression, occurs most frequently; or, if the child take very short steps, so that he sets down the entire sole, flat-foot will be developed.

The results of paralysis of the arm are much more simple and uniform; and, although in the arm the same rule holds good as in the lower extremity, that the muscles most paralysed are the most peripheral, and that palsy and wasting diminish gradually towards the trunk, yet the most marked changes always occur in the hand and in the shoulder-joint; while the intermediate elbow-joint is almost entirely unaffected.

This does not harmonise with the foregoing considerations, and yet we cannot be surprised at it. The palsied arm hangs down with the elbow-joint extended, in progression it swings to and fro, in sitting it is commonly flexed and supported upon the lap. How, then, should the elbow undergo contraction. You will be convinced, however, that contraction may occur, whenever you see a patient who has been accustomed as a child, on account of the paralysis, to carry the arm in a sling.

There is one derangement that you will almost always find in the elbow-joint. The power to supinate the forearm will be lost or greatly impaired. Why is this? Because the patient, when the paralysis is so considerable that he cannot use the hand, does not practise supination. In a passively dependent arm, the back of the hand is turned forwards and outwards, a position that corresponds with moderate pronation.

In the shoulder-joint, also, the arm does not perform any extensive movements. The arm rests more or less closely against the chest, and its elevation, especially, is not attempted. The muscles that would be passively extended by elevation, the pectoralis, latissimus, and others, do not become developed to their proper length; or, if the expression is more clear to you, they exhibit more or less contraction. Paralysis of the deltoid is not usually discoverable. When present, it would promote the occurrence of contraction, but not on "antagonistic" grounds.

When, however, the muscles that proceed to the arm from the scapula, thorax, and clavicle, are much weakened or paralysed, the weight of the arm is supported by the shoulder-joint, and hangs as a perpetual strain upon the capsular ligament. This gradually yields, and the head of the humerus sinks, sometimes to such an extent that the fingers can be deeply pressed between it and the acromion. This state has often been described as atonic luxation.

The most considerable changes take place in the hand. The fingers become flexed and drawn into the palm. The wrist is at the same time slightly flexed. Extension of the fingers is opposed by more or less resistance; but if the wrist be flexed strongly the fingers may be passively extended. The wrist-joint will then oppose increased resistance to extension. If the fingers be curved, the wrist may be extended to at least 180 degrees, if not more. The muscles, therefore, which send tendons both to the hand and the fingers are too short.

If the state of the muscles be examined more closely, it will often be found that the flexors are less palsied than the extensors; or even that the latter alone are palsied. In other cases both groups of muscles are equally affected. Cases also occur in which the extensors are less affected than the flexors, or in which only the flexors are affected; and yet in these also the contraction takes place towards the flexor side. I have lately seen two fresh examples of this, both of them in patients in the hospital. In one of the cases the flexors would not react at all; the extensors somewhat more feebly than in the normal state, but yet very promptly. In the second case both the flexors and the extensors could be a little moved spontaneously; but the extensors contracted much more powerfully than the flexors. I should, however, mention that only one of the patients suffered from "infantile paralysis." In the other, the palsy was caused by the too tight bandaging of a fractured forearm. There can be no question that the contraction of the fingers, in paralysis of the muscles of the forearm, depends upon the position which the fingers assume when left to themselves. They are not sufficiently heavy to fall into passive extension when the arm hangs down. They assume a slight flexion,

which is maintained unchanged during the swinging movements of the shoulder and elbow in walking. This, their so-called median position, depends upon the elastic tension of the ligaments and muscles, the positions of the articular surfaces, &c.; and it remains unaltered even in a corpse passing into decomposition. From this position, when the hand is not used, when the fingers are not extended, and when therefore the flexors are not passively stretched, proceeds the contraction.

At present, gentlemen, no means have been discovered by which the interrupted connexion in infantile paralysis between the nervous centres and the motor apparatus can be restored; and I think it is very improbable that any such discovery will ever be made. It is the more necessary that the surgeon, from the beginning, should direct his whole attention to the secondary changes in the paralysed limbs, in order to preserve at least a comparative utility.

In the first place, the paralysed child must be made to walk as soon as possible, and to rest upon the entire sole of the foot.

The atrophy of the limbs certainly does not depend entirely upon disuse of them, but it is essentially promoted by disuse; and, since the atrophy is always more extensive than the paralysis, and a number of muscles near those paralysed are weakened and retarded in their development, essential service may be rendered by suitable use and methodical exercises. It is well to employ slightly stimulating liniments, baths, and the like; especially as parents nearly always attach great importance to such measures. Considerable shortening of the bones of the lower extremities only occurs when the limb has been little or not at all used as a support, and especially when crutches have been employed. Even in the worst cases of paralysis of both feet it is almost always possible, by the aid of splints and jointed supports, to make the patients walk without crutches; and the use of crutches in these cases, as also in deformities left behind by inflammations of joints, must in all ways be dispensed with in children. In the worst cases, instead of crutches, a little bench may be used, the seat being represented only by a small, smoothly-rounded lath, from which proceed four feet, about as long as the lower extremities of the child. The child will support itself on this bench by its hands, and will push it about as it goes.

When the child walks, its gait must be carefully watched. The formation of any considerable deformity may be checked, when noticed at the beginning, by very simple means. To effect this is the duty of the family surgeon, who, unfortunately, while he uses all sorts of internal remedies in the hope of influencing the paralysis, too often neglects the one point on which he might render essential service. A laced boot with light steel splints, now on the outer, now on the inner side, or with the sole thicker on one side or the other, will suffice, at the beginning of the mischief, to prevent the formation of varus or valgus. The formation of equinus, and especially of excessive arching of the foot, must also be prevented. For this purpose it is sufficient to secure the foot at night to a thinly-padded plantar splint, by means of a flannel bandage, and to draw the foot towards the leg by strips of adhesive plaster. These proceedings are so simple that any mother will quickly learn to carry them out when once she understands the purposes they are to serve.

If talipes calcaneus should be commencing, the action of the paralysed muscles of the calf may be supplied by an india-rubber tractor, fastened below to a stud projecting from the heel of the shoe at a point corresponding to the insertion of the tendo Achillis, and above, below the knee, to a padded channel of sheet iron, carried by a splint that is prolonged to the inner side of the foot, and inserted into the sole. The common india-rubber cords are not sufficiently durable for this purpose; and the simplest way is to use a ring, a little less than a crown-piece, cut out of sheet caoutchouc of the thickness of the finger. Two leather straps, furnished with buckles, may be passed through this ring, and secured to the shoe and the splint respectively, so that the force of traction may be regulated by moving the buckles. The apparatus is very cheap and durable; and, even in the worst cases of talipes calcaneus, essential benefit may be derived from its employment.

The idea naturally suggests itself, when other groups of muscles are paralysed, to supply their places in a similar manner; but the attempt has not been attended with the advantages that might, *a priori*, have been expected. Unless the shoe be altogether shapeless, the tractors must pass to the bend of the foot over pulleys, by which the apparatus is rendered too complicated, and much force is lost.

In severe deformities of old standing, attempts may be made to improve the patients by forcible rectification of position under chloroform, by gypsum bandages, and other means. But tenotomy should be avoided as much as possible; since by it the already weakened muscle may easily be yet more injured in its action. In fact it may, in the majority of cases, be done without; for even the paralytic talipes equinus, or equino-varus, usually opposes less resistance to forcible rectification than is offered by neglected congenital club-foot.

REMARKS ON A CASE OF COMPOUND DISLOCATION OF THE ANKLE, WITH OTHER INJURIES;

ILLUSTRATING THE ANTISEPTIC SYSTEM OF TREATMENT.*

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THE next case, gentlemen, which I wish to bring under your notice is that of a labourer thirty years of age, who was seriously injured on a railway three days ago. He was standing on the line, about a mile out of Edinburgh, at 6 A.M., when he suddenly saw an engine close upon him coming at considerable speed, and he had only just time to turn half round before it struck him on the left shoulder and hurled him to the ground between the rails. On recovering consciousness, he found himself unable to walk; but about half an hour later, his cap having been discovered above the buffers of the engine, the men in charge of it went in search of the owner, and, finding him lying helpless, conveyed him to the infirmary. When I saw him, about 8.30 A.M., he was suffering considerably from shock; and he feared, from severe pain which he felt in his chest, that he had received some serious internal injury, an apprehension which has happily proved groundless. I found the left foot much displaced inwards, and the end of the fibula protruding through a vertical wound in the integument two or three inches in length, the end of the protruding part being comminuted. The tip of the malleolus had been broken off, and remained attached to the external lateral ligament. The internal malleolus was of course fractured, as a necessary condition of such a displacement of the foot. Now, gentlemen, if you were experienced surgeons, you would know that this was a most formidable injury. Recoveries from it were formerly exceptional. Mr. Syme informs me that at one time, on looking into the hospital records, he found that the last fourteen cases of compound dislocation of the ankle admitted into the infirmary had all ended fatally. He therefore came to regard amputation at the ankle as the best treatment in most cases; though he sometimes modified his practice so far as to content himself with removing the end of the tibia, so converting the case into one of excision of the ankle.

In our patient, however, neither of these procedures has been adopted. For the purpose merely of facilitating the return of the protruding end of the fibula, I nipped off a portion of it with cutting pliers, and, with the same object, enlarged slightly with scissors the lower end of the rent in the skin, which opposed a barrier to its passage. But to all intents and purposes the dislocation was simply reduced. The case, however, was treated antiseptically. Watery solution of carbolic acid, as strong as it can be made (one part of the crystals to twenty of water), was thrown into the joint with a syringe, the edges of the skin being held together to prevent its escape and cause its penetration to all the internal recesses of the wound; and this was further

* Being part of a lecture delivered in the Royal Infirmary of Edinburgh, Feb. 14th, 1870.

promoted by free manipulation of the injured part while the fluid was still in the interior. There was a time when we should have thought that to introduce an irritating liquid like this into the ankle-joint would be to take an unwarrantable liberty with the articulation. But we now understand that the transient irritation caused by the antiseptic lotion is nothing compared with the abiding influence of the far more acrid products of putrefaction. In the operation which you saw me perform just now [the removal of a fatty tumour] a lotion of half the strength (1 to 40) was employed; experience having proved that this is sufficient to ensure destruction of the putrefactive organisms in a wound just made, and made by the surgeon himself. But when the injury has been received some time before you see the patient, and inflicted, as in the present instance, in a rude way, involving the chance of foreign material having been introduced and mixed, perhaps, with clots of blood lying in inaccessible recesses of the wound, it seems wise to employ as strong a solution as water will produce. And as this will be your only chance of acting upon putrefactive particles lodged in the interior—as the work of their destruction must be done once for all at the outset,—do not be afraid of dealing very freely with the injured part in introducing the germ-poison. [It is a mistake to mingle spirit of wine or glycerine with the watery solution used for injecting the wound. The admixture of either of these materials with water containing a given amount of the acid in solution, gives it a greater hold upon the acid, and renders the lotion more bland, and at the same time more persistent in its action; and this may, under certain circumstances, be very useful for the purpose of an external dressing. But for the preliminary treatment of the interior of the wound an agent potent for the moment, but transient, is called for, to kill the putrefactive organisms, and, as soon as this is done, to leave the wound as speedily as possible to recover from the inevitable irritation of the antiseptic; and for this purpose no vehicle seems better for the acid than simple water.] The liquid introduced having been squeezed out, the process of injection and manipulation was performed a second time for greater security, and the skin in the vicinity having been previously well washed with the lotion, to destroy organisms adhering to it or to the hairs, an external dressing was applied, similar to that which you have seen used after removal of the fatty tumour. Lac plaster was wrapped in two layers round the limb, from three or four inches above the upper extremity of the wound to as far below its lower end—that is to say, extending well up the leg and embracing the heel and instep; the foot meanwhile being held in good position. A cloth, to absorb the blood and serum which would be discharged from beneath the margins of the plaster, was then bandaged on, and a splint applied to the inner aspect of the leg and foot. [The lac plaster has been very much improved of late, by being incorporated with a soft cloth, instead of being spread upon starched calico. It is thus rendered beautifully flexible, and at the same time much more durable, the cloth incorporated with it enabling it to withstand any amount of wear and tear. But, as in this form it is very thin, it is well, where much discharge is anticipated, or when a long time is intended to elapse between the dressings, to use it in two layers, so as to double the store of the acid in the application.*]

But, gentlemen, the compound dislocation of the ankle was not the only injury which this poor man received. Observing some blood about his hair, I examined the head, and found four scalp wounds, varying in length from two to five inches, three of them exposing the bone, into which black dirt had been ground—probably, as he suggests, by the fire-pan of the engine. We used to reckon that when the bone was thus extensively exposed in a scalp wound, and subjected at the same time to such violence, the cure was pretty sure to prove tedious, protracted by the exfoliation of osseous scales of greater or less thickness. There was at the same time more or less risk of head symptoms or of erysipelas. It is, therefore, very satisfactory in such cases to be able to reckon on primary union under antiseptic management. The region occupied by the wounds being extensive, the greater part of the scalp was shaved, and thoroughly washed with the strong antiseptic lotion; and the wounds were treated just like that at the ankle, except that their edges were approximated by antiseptic sutures. [The material which I have used of late for this purpose is silk steeped for a while in a mixture of melted bees'-wax, with a certain proportion of carbolic acid—say a tenth part. As the silk is taken out of the hot liquid, it is drawn through a dry cloth to remove the superfluous wax; after which it may be wound on a reel, and kept in any close vessel. The wax, besides giving the knot a better hold, prevents the antiseptic from being washed out of the thread, and also, filling up the interstices of the fibres, renders the silk incapable of imbibing stimulating liquids; and so confers an unirritating quality corresponding to that of the metallic suture, over which the suppleness of the thread gives it a great superiority.] When all had been stitched up, each wound was once more injected with the strong watery solution, to correct any mischief that might possibly have been introduced by regurgitation of blood that had oozed into the cavity during the insertion of the stitches. A well overlapping cap of lac plaster, in double layer, was then applied, surrounded by a cloth to absorb discharge, secured by bandage and pins. I cannot too strongly impress upon you the importance of having the plaster extend freely beyond the wound at very part, so that the discharge may have to travel a considerable distance beneath the impermeable antiseptic layer before reaching the sources of mischief externally. It is only in this way that you can guard securely against the spread of the putrefactive fermentation into the wound. Yet there is nothing in the antiseptic treatment that I find more apt to be neglected.

After I had left the patient, Dr. Cleaver [the house-surgeon] discovered a compound fracture of the right olecranon. The patient thinks he must have fallen upon his elbow; and in this he is no doubt correct, the fracture having been thus caused by direct violence. The wound was not large; but, from the relations of the bone, it necessarily communicated with the articulation. Here, then, was another injury, in itself sufficiently serious—a compound fracture into the elbow-joint. This Dr. Cleaver treated in a manner similar to that in which I had dressed the ankle, and applied an anterior splint to maintain extension of the elbow.

Now, gentlemen, I do not hesitate to say that if our antiseptic means succeed as such—that is to say, if putrefaction is prevented from occurring in the wounds—neither of these severe injuries, the compound dislocation of the ankle, the compound fracture into the elbow-joint, nor the scalp wounds exposing and injuring the bone, will occasion either local or constitutional disturbance. You may perhaps think me bold to speak in this confident way at so early a period of the case, at the beginning of the fourth day, the very time when, under ordinary treatment, the region of the ankle would be red, swollen, and painful, preliminary to suppuration, and the pulse rising, with other indications of increasing fever. But the progress of the patient already goes far to justify me. All the injured parts are as yet in a perfectly quiet state, his pulse is daily descending, his tongue is clean and moist, and he relishes his food, and complains of no pain whatever, except that of the contusions of his chest and shoulder. You cannot suspect me of exaggeration, for you have only to go to the patient's bed and inquire for yourselves; and any of you who are disposed to witness the dressing will see it done to-morrow at the visit hour.

But besides the favourable condition of this patient hitherto I have ample experience to found upon. Since my attention was first drawn to antiseptic surgery I have been concerned in four other cases of compound dislocation of the ankle. One of them was treated in the Glasgow Infirmary just before I left it. The displacement of the foot was inwards, as in our patient, though produced in a very different way.* The treatment also was the same; and the wound, which was large, became a superficial sore, without suppuration or any local or constitutional disturbance.

Another of the cases was also a dislocation inwards, caused by a lady being thrown out of a dog-cart. She was not under my care, but I was in so far concerned in the treatment that the son of her medical attendant (Dr. Coats, of Glasgow) being at that time one of my dressers, he was asked by his father to employ the means which he had seen

* This plaster in its best form may be obtained from the old Apothecaries' Company, Virginia-street, Glasgow.

* See THE LANCET, Jan. 1st, 1870.

me use at the hospital. In accordance with my practice at that time, an oily solution of carbolic acid was introduced into the joint and into the rest of the wound, and a layer of putty, rendered antiseptic by the admixture of a certain proportion of the acid, was used for the external dressing. The means were different, but their object was the same. The oily solution destroyed organisms existing in the wound; and the putty, like the lac plaster, impermeable to watery fluid, communicated the volatile antiseptic stored up in its substance to the discharge that flowed out beneath it. The case was published by Dr. Coats,* who told how, after the first smarting caused by the acid had subsided, the patient was free from the pain previously experienced, and never after had any uneasiness in the part. Here also the wound closed without any deep-seated suppuration or any febrile disturbance.

In a third case, a gentleman about sixty years of age, of heavy frame, slipped in going down stairs, and the foot was driven forcibly outwards, the fibula being broken, while the internal malleolus was thrust through the integument. I saw the patient in conjunction with Dr. George Buchanan of Glasgow; and Mr. Berkeley Hill of London, happening to be on a visit to me at the time, witnessed the first dressing. The lac plaster was used, but in a way which I have since abandoned, so that I need not trouble you with its details. [After the joint had been injected with watery solution of carbolic acid, and the dislocation reduced, a bit of block tin was placed over the wound to protect it from the stimulating action of the acid in the plaster wrapped round the foot. This was surrounded with a cloth and bandage, which were afterwards daily touched with a strong solution of carbolic acid in oil, to renew a supply of the antiseptic to the lac beneath, which was permanently retained. The tin has since been superseded; and I have found it, on the whole, better to change the entire dressings occasionally, in the manner to be described in the sequel.] Though the patient was of gouty habit, and in other ways by no means a very favourable subject, his progress was all that could have been desired had the case been one of simple fracture. [Not one drop of pus appeared till, five weeks having elapsed, and a little serous discharge still continuing, the deeper dressings were removed for the first time, and disclosed a superficial sore with pouting granulations, which healed in a few days under an astringent lotion.]

The fourth case was one in which the injury was inflicted by myself, but was of the same essential nature as those caused accidentally, though its effect was to remedy, not to produce, displacement. The foot had been driven backwards and outwards by the violence which occasioned a simple fracture of the fibula and internal malleolus four months before; and the faulty position having continued during the union of the fragments, the limb was perfectly useless, and the patient, a young man of twenty-nine, had the prospect of going on crutches for the rest of his life. Relying on our antiseptic means, I did not scruple to divide with pliers the callus of both tibia and fibula, though I knew that in so doing I was opening into the ankle-joint. For the case differed in this important particular from those which result from accident, that I could guard with certainty against the introduction of putrefactive mischief while making the wounds; whereas in the accidental cases we cannot help feeling a degree of uncertainty till the first few days are over whether the organisms introduced before we see the patient have been all destroyed, though in truth the method by injection and manipulation which I have described seems to have reduced this to something very nearly approaching certainty. The foot having been drawn forcibly into its proper position by means of pulleys, and retained by appropriate splints, while an external antiseptic dressing was employed on the same principle as the putty and lac plaster, though of different materials, the wounds became superficial without suppuration and without the slightest inflammation or fever;† and I have the satisfaction of knowing that he, like the other patients, has now a sound and useful foot.

You see, then, gentlemen, that I had reason for the confidence with which I expressed myself.

(To be continued.)

* Ibid, May 2nd, 1868.

† For further details of this case, see the *British Medical Journal*, Oct. 31st, 1868.

SANE OR INSANE.

BY METCALFE JOHNSON, M.R.C.S.

LOOKING on health and disease as modified conditions of the great formative and reproductive forces of Life, we are disposed to consider the terms "sane" and "insane" as relational rather to a provisional standard of convenience than to an absolute boundary line of truth.

The late Henry Crabbe Robinson says, in his Diary,—"The question of responsibility is the most difficult that is ever forced on our consideration; but the interests of society require that men should provide for the emergencies of life, and not wait till metaphysical problems are solved. In convicting a criminal, society does not supply a duty it had neglected before when it permitted or caused him to become criminal. In preventing crime, it attains one of the great ends of social existence. We put a maniac into a straitwaistcoat, though we know him to be morally innocent; we restrain a wilful offender without troubling ourselves to answer the question how far his innocence has been an act of necessity or free will."

Judged by the rule of the greatest happiness to the greatest number (represented by the State), the insane or unhealthy man—whether lunatic, dipsomaniac, kleptomaniac, homicide, syphilitic leper, or pauper—is an offender against the commonwealth, and, as such, must be provided against, either by prevention or cure. Political economy recognises the State as composed of individuals, of whom one injured by another has a right to protection. But ten injured by one have ten times the right; so to a hundred or a thousand. There is a debtor and creditor account in political economy between the State and the individual, and there are several classes of persons who overdraw their account and become debtors to the account—of wealth in money by pauperism; of labour, by drunkenness; of happiness, by eccentricity or lunacy; of safety, by murder, burglary, &c.; of health, by spreading contagious disease. From some of these debtors the law at present demands a responsibility; but from paupers, some forms of lunatics, and persons offending against public health by habits of dirt, negligence, and improvidence, there is no demand, either deterrent or retributive (*retribuo*, to give back what is due.)

A number of these cases come from time to time under the eyes of the medical practitioner, and only he and the patients' friends know the amount of injury inflicted by such persons. In the case of pauperism and crime the public purse is the test, and the sum of £7,498,061 spent annually in poor-rates speaks for itself.

The following are a few out of many cases which might be adduced in support of a demand for increased protection from the State against such debtors to the account of health, wealth, and happiness.

A. B., aged forty, a drunkard, was committed to prison for an assault upon his wife. He possessed a small estate, which by his intemperate habits he was gradually diminishing. I was consulted respecting the chance of sustaining a legal attempt to place him in confinement as a lunatic. On the examination of various witnesses, one stated that his memory was defective. He did not remember when he was to be discharged, though it was to occur in a few days. He had delusions about his property and expectations. A second had heard him say, after having been three months in prison, that he had been there about a fortnight; and he replied to the question when he was to be discharged, "I do not know." A third witnessed that he said he never was so comfortable before as he was in prison. He does not know the days of the week as they pass, and asks for his basket, to work, on a Sunday. One witness had known him many years, and noticed an alteration in his gait.

On examination, he talked quietly, and did not say anything to prove insanity. He had more the appearance and manner of a man of weak intellect than of a lunatic. His gait was rather unsteady; memory bad. But, all things considered, it was not possible to show such evidence as would induce a magistrate to sign his committal to an asylum. He was discharged from prison, but in less than a month was recommitted for a similar offence.

C. D., aged twenty-two, was brought under my notice as a lunatic. One witness deposes to his having waylaid some boys who had insulted him; and that C. D. told him he thought of drowning himself. On one occasion he found himself, at 9.30 P.M., wandering on the railway, but did not remember how he got there; thought of getting run over by the train. His brother states that C. D. said, that if his mother kissed him again he would kill her; that he one day struck him, and said he would make him that he would neither speak nor laugh at him. A young woman engaged to C. D. said she could see nothing wrong with him. I found there had been some family quarrel.

On personal examination he conversed freely and rationally. I made an allusion to something absurd, and he at once saw that it was ridiculous. I told him that the best proof he could give of his sanity was to comply with a reasonable request I made. He at once conceded; replying, "You will find no opposition from me." I saw him next day, and he appeared sane.

In these cases the evidence of dementia was not sufficient to satisfy a magistrate. A still more difficult case is under my care at the present time.

E. F., aged forty-seven, inmate of workhouse, has been in an asylum, but was released as a doubtful case—whether his habits and manner indicated bad temper or insanity. (An asylum attendant remarked to me a short time since, that many of the patients were more fit for a flogging than the luxury of an asylum.) At one time E. F. was found walking in the streets perfectly naked. He is said to have been the associate of a man who is suspected of an "unproven" murder before he went to an asylum. He is now under inspection on account of threatening language to one of his superior officers; and information has been given of threatening words uttered by him in his ward against the officers of the workhouse, including myself. His case at present would not enable me to induce a magistrate to commit him to an asylum. You might talk to him by the hour, and not find out an unintelligent word.

Since writing the above, he has been tried, and bound over to keep the peace, and in default committed to prison.

The following head-measurements will show his comparison with an average:—

	A.P.	T.	F.	P.	P.P.	O.	C.	Circ.	Ob.
Average	14·0	12·25	13·65	41·85	14·39	14·33	9·80	22·43	17·93
E. F.	13·50	12·0	13·0	13·50	14·0	14·25	9·50	22·0	17·0

Explanation of Terms.

A.P. (Antero-posterior): From foramen cæcum to occipital protuberance.
T. (Temporal) ... From tragus to tragus of ear across superciliary ridges.
F. (Frontal) ... ... „ „ „ across the forehead at an angle of 25° from T.
P. (Parietal) ... ... „ „ „ across parieto-front. suture.
P.P. (Post-parietal) „ „ „ across the head, midway between P. and O.
O. (Occipital) ... „ „ „ across the occiput.
C. (Cervical) ... „ „ „ below the occiput.
Ob. (Oblique): From foramen cæcum to tragus on either side.

In these cases the present state of the law does not admit of compulsory detention in a workhouse, and every experience of the result of prison teaching and ethics, as a whole, shows that no moral good is effected in the "gaol bird."

The following case is one which may be considered as disordered hedonism, and opens out the question of the relation of heredity to pauperism and crime, as also the relative influence of male and female parent in communicating heredity, especially as regards the subject of intemperance in the parent.

J. K., aged thirty-two, a deserter, has been in the service thirteen years; deserted several times; marked with two Ds; tried by court-martial seven times; shot drill six times—once for six months, once for three months, once for six weeks, and three times for twenty-eight days each. Has only been tried once for drunkenness. Does not dislike shot drill more than plough labour or ordinary drill, except that the exertion is rather greater from being less accustomed to it. Has no sense of degradation. He is very intelligent; can read and write, and *calculate averages* (this I have found a good test of mental proficiency). The following are the measurements of his head:—

A.P.	T.	F.	P.	P.P.	O.	C.	Circ.	Obl.
13·50 ...	12·0 ...	13·25 ...	14·0 ...	14·50 ...	13·25 ...	9·25 ...	22·25 ...	17·25

His father is a poacher, and is now in prison. Has had skeleton-keys found upon him, but never been tried for burglary. His mother is a hard-working woman. His sister is now in a penitentiary. As a lad, J. K. was known to be a bad boy, and kept fighting cocks, which he fed on *stolen* food.

Thus far we have seen some of the effects of debtors to the account of happiness and safety; but a more immediate and important question is that of debtors to the account of wealth in money and labour, commonly called pauperism, and the general effects of drink.

The following case will serve to point out how pauperism, induced by drink, injures the State in a way which the law, as at present existing, is powerless to remedy.

G. H., aged fifty, a strong, healthy man, save an ulcerated leg. Is a dipsomaniac. It has been his habit for some years past to leave the workhouse in a sound state, and to "fuddle," as we have it in Lancashire, till his ulcer again becomes unbearable. He then returns to the house, and is taken into the hospital until his leg is cured; but as soon as he is discharged from medical care he returns "to his vomit again," until driven back by his ulcer, which often extends, after such a "bout" of drinking, to a surface of ten or twelve square inches.

For this and similar cases the law provides no remedy; for though by drinking he becomes a cripple, and, as such, entitled to hospital treatment, there is no power to apply retributive justice after his disease has been cured, for he can and does leave the workhouse as soon as he is able to walk, but only to return to his habit of "sponging."*

The following are a few cases which just occur to me illustrating the effects of the drinking habits on the poor-rates. The experience of every medical man would multiply them *ad infinitum*.

L. M., a coachman, had property left him enough to keep him in comfort. He squandered it all in drink, and, after some years' residence in the workhouse, was buried as a pauper.

N. O., aged forty-five, held a responsible and lucrative office. After twenty years' drinking, he is now an inmate of the workhouse.

P. Q., an asthmatic, has had several legacies, which, if saved, would have kept him in comfort. Is now in the workhouse.

So far we have seen the injury done to the State; and now a few words concerning a mode of relief.

Taken as a whole, the pauper and criminal debtors to the State are physically able to earn, by their respective trades and callings, more than sufficient money to find them in food, clothing, rent, and medical and governing supervision. The cost of keeping paupers, inclusive of the necessaries above referred to, is about 5*s.* per head per week. The Inebriate Home, such as has been established for King's County, New York, will meet the requirements, which Maine law, permissive bill, or prison discipline will not. The question of depression of profits to regular trades by competition of the pauper criminals may be set aside by considering that these classes would be "brought into profit," and thus create their own wealth, which at present they not only do not produce, but actually consume at the expense of the industrial tax producers.

The question of the food as labour supporting may be seen by placing the analysis of the excreta of a labouring man in contrast with the ordinary diet prescribed by the Poor-law Board:—

	Nitrogen.	Carbon.
Ordinary diet of Poor-law Board ...	373·84 gr.	... 6082·60 gr.
Excreta of a labouring man	322·72	... 6045·26
Excess of diet	51·12	... 37·34

We have decided that the good of the State and the welfare of the individual both require that control should be exercised over persons who are dangerous to life and property. Is the habitual drunkard, under this view, entitled to the liberty of a sane person? The best observers have decided that his will is in abeyance, and Dr. Wilks has called attention to the wasted convolutions in excessive cases of delirium tremens. Therefore it would seem that the victims of this passion, or dipsomaniacs, belong to the class above referred to. The one great obstacle to the consideration of this subject may be said to be that bugbear of

* The habit of "sots" who have no money to get drunk with is to borrow or beg twopence, with which to enter a public-house; and there they sit till someone "on the spree" enters, and treats to "glasses round."

society known under the misnomer "the liberty of the subject." In what does it consist? Liberty to rob your neighbour's pocket by poor-rates; to destroy your family's peace of mind by eccentricity and madness; to injure the public health by engendering syphilis, scrofula, rickets, consumption, and the thousand other ills that flesh is heir to; to cultivate epidemic disease in filthy and inhuman hovels; and to shorten the lives of the State's tax-producing subjects by drink, dirt, and debauchery. This is the "liberty of the subject" we would wish to see curtailed by alteration of police, reformatory, workhouse, asylum, and prison laws, on the one hand; and the establishment of a State compulsory education on objective principles, extended to every class and individual of the kingdom, on the other.

Lancaster, Jan. 1870.

PSORIASIS; ITS TREATMENT BY CARBOLIC ACID.

BY JOHN M'NAB, M.D., F.R.C.S.E.

THE application of any new remedy to the alleviation and cure of disease must at first be considered to act to a certain extent purely empirically, and will always remain so until an accurate knowledge of the properties of remedies be obtained, and their therapeutical effects fully established. The study, however, of their chemical properties, the effects they produce, and correct views of the physiology and pathology of the parts affected, will generally indicate how and in what class of diseases any new therapeutic agent may become serviceable; and in regard to carbolic acid the same general rule holds good. It may appear difficult at first to understand the *modus operandi* of this new agent in the cure of disease, more particularly in psoriasis, and it may be regarded as acting in an obscure and empirical manner, and doubtless this is quite true in its early application; but a reference to its chemical properties, with careful observation and experiment, and a correct knowledge of the disease, will indicate its therapeutic action.

In the healthy state, the corion, or outer surface of the cutis vera, is incessantly secreting a semi-fluid viscid substance, which afterwards becomes dry and semi-transparent, and is constantly thrown off in the form of small, thin, amorphous scales, to be replaced by others of the same kind in regular and uninterrupted succession. This secretion is ascertained by the appropriate chemical tests to be of an albuminous nature, and when the secreting surface of corion becomes inflamed, or otherwise disordered, its functions are no longer performed in the same uniform and regular manner, but under special abnormal conditions which constitute the disease in question. Dr. Aitken, one of the most recent and most comprehensive writers on the science and practice of medicine, describes psoriasis as "characterised by the development of irregularly-formed patches slightly raised above the level of the skin, and covered with thin, dry, white scales. The patches may be distinct, small, and scattered, or larger, confounded together, and irregular; or they may be so extended as to make a continuous surface. Hence the names of the varieties of psoriasis. The intense itchiness and the eruption is always preceded by that form of dyspepsia or impaired digestion in which there is a superabundance of acidity, much formation of lithates, and an obvious constitutional tendency to gout."

In this description we readily acquiesce, and further regard the disease essentially as the local manifestation of a special depraved condition of the system, induced by derangement of the organic functions, and as such requiring for its cure special local and general therapeutic agents. Every morbid state of the secreting surface of the corion gives rise to corresponding morbid secretions, thus constituting an unnatural condition of the cuticle or scarf-skin; and, conversely, every diseased or abnormal state of the cuticle results from, and originally depends upon, an abnormal state of the cuticular or secreting surface of the cutis vera. In psoriasis, as a general rule, this morbid condition consists of a generic inflammation, more or less circumscribed according to the species of the disease presented, and the inflammation, by whatever means induced, may be regarded as the primary cause of this morbid and altered secretion; and although the secretion remains essentially the same after the inflammatory action has abated, it—now in the form of scaly incrustations—is nevertheless due to it. The secreting surface of the corion has now assumed a pathological function instead of a physiological one, and continues to exercise this function until corrected by external and other appropriate remedies; and it is in correcting and restoring this perverted function that the indications of cure really lie. It is essential, however, that attention be directed to the disease as recognised by its local manifestations. The inflammatory process, with which it is always ushered in, so alters the part affected as to require certain local applications to restore it to its original functional activity; and it is in this respect that we find carbolic acid acts such an important part in the treatment.

Shortly after the publication of Professor Lister's observations and experiments on the antiseptic method of treating wounds, it occurred to me that carbolic acid, applied in the form of ointment to the parts affected with psoriasis, might be of service in curing the disease; and a consideration of the close resemblance subsisting between itself and other carbo-hydrogen compounds of recognised value in the treatment of the disease rendered the idea highly probable; and, having a number of old-standing cases under my care at the time, I resolved to give the remedy a fair trial. Accordingly, I began by applying it in a case of inveterate psoriasis that had hitherto baffled all attempts at a permanent cure by the ordinary means, and found that, after continuing the treatment for some time, the scales began to fall off, the process of desquamation was retarded, and the skin began to assume a healthier aspect. At this stage of the process the carbolic acid application was discontinued, and the oxide-of-zinc ointment substituted for a short time, when a complete cure was subsequently effected. I have had under my care a number of obstinate cases of psoriasis since, and have been successful in treating them all by carbolic acid, combined with the internal administration of liquor arsenicalis and the other necessary means for obviating the general predisposition to the disease.

The curative properties of carbolic acid being once established by practical experience, it becomes a subject of interest and scientific importance to determine its method of cure, or its *modus operandi*. This consists chiefly in acting chemically on the organic compounds of the parts affected. It coagulates the albuminous secretion of which the disease essentially consists, and renders the diseased part more compressed, and less liable to the process of exudation peculiar to this morbid state. It neutralises the effects of the oxygen of the atmospheric air on the affected part by entering into chemical combination with it, and thus obviates any local action the oxygen of the air might induce. This is apparent from the remarkably high percentage of carbon it contains, for, according to Laurent, the formula of carbolic acid is $(C_{12}\ H_5)\ O,\ HO$, or the hydrated oxide of phenyle; and we cannot doubt that other bodies belonging to the same series possess similar therapeutic properties. We do not claim for carbolic acid, or any of its congeners, any special or specific curative influence independent and apart from constitutional treatment; for, in the light of our pathology, it is apparent that constitutional symptoms must be met by the appropriate constitutional remedies. But in a large number of cases the disease depends upon constitutional causes that have been remedied, that are no longer in operation, that have now become passive, but have left behind a depraved state of the skin sufficient to perpetuate the disease indefinitely, irrespective of all constitutional causes.

In such cases the local application of carbolic acid ointment will be productive of the greatest benefit. The ointment ought to consist of *one* part by weight of the acid to *four* of common lard, melted down and mixed, and afterwards allowed to cool. It ought to be applied every night at bed-time, with gutta-percha tissue covering, to prevent evaporation, and this should be continued until the scales disappear, and the skin begins to assume a smoother and healthier aspect. The oxide-of-zinc ointment is now to be substituted, and continued until a complete cure takes place. The utility of applying the oxide of zinc afterwards depends solely on its astringent effects, and keeping the parts moist, and excluding the atmospheric air. The organic

functions must, as we have observed, be duly regulated, and the effete products eliminated through the emunctories; but the specific local inflammation, which is the generic character of the disease, is more amenable to the direct curative influence of carbolic acid than to any other therapeutic agent with which we are acquainted, and will be found to form a valuable addition to the materia medica of the dermatologist.

Loch Inver, March 5th, 1870.

NOTE
ON THE USE OF HYDRATE OF CHLORAL.

By HENRY MAUND, M.D.

In the early days of hydrate of chloral I had a specimen sent to me, for trial, by a London chemist, and since then I have used it somewhat extensively. The following is the result of my experience:—

1st. It is a valuable hypnotic, producing quiet sleep in some cases where the preparations of opium are useless or distressing.

2nd. It is an uncertain remedy; but I think one cause of its uncertainty may be explained by the fact that its influence is resisted by those habituated to the use of alcohol. Fifteen grains has proved an efficient dose for a "total abstainer," and I have known twenty grains give fourteen hours' sleep after morphia had failed; while a fifty-grain dose has several times proved quite inert on a "free liver."

3rd. I have failed to derive any benefit from its use in asthma, whooping-cough, and other spasmodic diseases, unless it induces sleep. If it does not cause sleep, it produces no effect, distressing or otherwise; hence its great advantage, in some cases, over opiates.

4th. It sometimes causes frightful dreams. Two patients have refused to continue its use on this account, although in both cases it produced, apparently, quiet sleep.

5th. It should be used with caution. In private practice, not more than twenty grains should be given for a first dose, or much alarm may be caused by the prolonged sleep sometimes produced by a large dose.

Sandown, Isle of Wight, March 7th, 1870.

DESCRIPTION OF A NEW SPLINT FOR OBLIQUE FRACTURE OF THE TIBIA, EITHER SIMPLE OR COMPOUND.*

By ROBERT S. LEEMING, M.R.C.S.

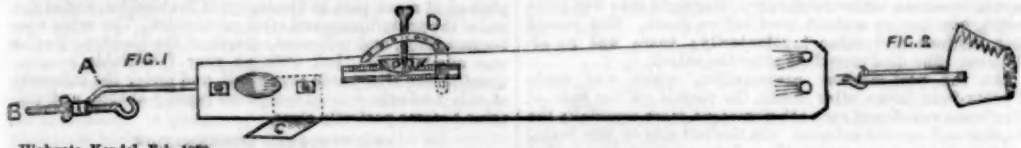
This splint is the ordinary one for fracture of the thigh, with three additions, intended to meet the difficulties in the treatment of oblique fracture.

1st. The bend at A, whereby *direct* extension is obtained, and by the screw movement at B gradual extension can be made when desirable.

2nd. The support at C for the upper part of the lower end of the tibia to rest upon.

3rd. At D, where regulated pressure can be applied to the lower part of the upper end of the tibia, in any direction required; so that the fractured parts are kept *in situ*.

This splint can be used for either leg by taking out three screws, reversing the ironwork, and screwing together again; and can be adapted to any part of the tibia by slide movements. There is also another point which is frequently a source of great annoyance to the patient—that is, the noose of bandage put round the ankle for extension, by its narrowness and twist on each side the ankle, causing œdema of the foot, and often great pain. This is, in most cases, remedied by having a leather collar, similar to the upper part of a common laced boot, made to fit the ankle; and a strap attached, as shown in Fig 2, which can be put on the hook of the screw at B, Fig. 1.



Highgate, Kendal, Feb. 1870.

A Mirror
OF THE PRACTICE OF
MEDICINE AND SURGERY
IN THE
HOSPITALS OF LONDON.

Nullamautem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—Morgagni *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

KING'S COLLEGE HOSPITAL.

(Pathological Department.)

THROMBOSIS OF THE MIDDLE CEREBRAL ARTERY; WHITE SOFTENING OF THE BRAIN.

(Autopsies, with Remarks, by Dr. Kelly.)

For many years the accidental plugging of an artery by a piece of fibrin detached from the valves of the heart has been recognised as a cause of white softening in that part of the brain which was supplied by that vessel. A similar result, too, is obtained when molecular particles are carried from a diseased aorta into the cerebral capillaries. Thrombosis of an artery, or the formation of a clot at the point of obstruction, is a much rarer cause; but of this kind two cases have recently been met with in the hospital. In each case the vessels at the base of the brain were very atheromatous, and at some parts their calibre was greatly impaired. At the spot where the internal carotid artery divides into the anterior and middle cerebral arteries, a firm clot of fibrin was found plugging up the middle cerebral completely. In each case the vessels were much roughened by atheromatous deposit at this point; and the altered surface would thus the more readily allow of fibrin being whipped from the blood as it flowed along. The left side of the heart and the large vessels were quite healthy; and there can be no doubt that the plug of fibrin was formed at the spot, and not carried from a distant point. But whatever may be the cause of the obstruction, the cutting off of the blood-supply results in atrophy, or white softening, of the parts previously supplied.

Case 1.—Eliza D——, aged sixty, was admitted, under the care of Dr. Beale, into Twining ward, on Dec. 16th, 1869. She had always been temperate, and enjoyed excellent health. Towards the end of November, 1869, she suddenly lost the use of her right arm and leg; but in a fortnight she was quite well again. Three weeks before admission she had complete loss of power in the left leg and arm, and partially of the left side of the face; the pupils were natural, the eyes did not deviate, and there was no arcus senilis. At first she was conscious, and could give an account of her attack; but gradually she passed into a comatose state, and remained so several days before she died. The paralysed side became very rigid, and was so the whole time she was in the ward. This rigidity came on soon after the attack. The urine was passed unconsciously, and contained towards the end a trace of albumen. Death occurred a month after admission into the hospital.

* Exhibited at the Meeting of the British Medical Association at Leeds in July, 1869.

A post-mortem examination was made about thirty hours after death. On opening the skull, the dura mater was found healthy; the large vessels at the base of the brain were very atheromatous, and their calibre thus somewhat impaired. The middle cerebral artery on the right side was blocked completely by a plug of fibrin, which was firmly adherent to the wall of the vessel; at this spot, the vessel was very atheromatous, and the fibrin seems to have been deposited upon the roughened inner coat of the vessel. Beyond this obstruction, the smaller branches were full of dark fluid blood, as the collateral circulation was established. The right hemisphere was in a state of white softening, and broke down under a gentle stream of water; there was no hæmorrhage anywhere. The left side of the brain appeared healthy, and no trace could be found of any former lesion. The heart was healthy, and neither the valves nor the large vessels had undergone any morbid change. The blood was everywhere fluid, and all the organs much congested.

The cause of the congestion of the tissues seemed to be that, in consequence of the brain lesion, the due supply of nerve-force to the smaller arteries was interfered with; thus stagnation in the capillaries resulted. The blood was not properly aërated in its passage through the lungs, and so venous blood was found in the arteries, and was the cause of the full pulse which was noticed during life. To the same cause may be ascribed the torpor of the bowels. No motions were passed after her admission, although various purgatives and enemata were administered. After death, a considerable quantity of hard scybala was found in the intestines.

CASE 2.—Sarah E. K——, aged fifty, was admitted under Dr. Johnson, in Twining ward, on December 10th, 1869. She was a temperate woman, and had had no serious illness at any time. On December 7th she fell down insensible, and it was noticed that she had lost the use of her right arm and leg; the face did not seem paralysed, nor did the eyes deviate; the pupils were natural, and acted equally to light. While in the ward she was in a semi-comatose state, and not to be roused without difficulty. Her right side was quite rigid, but less so a short time before death. She passed her motions and urine involuntarily; there was no albumen. She died nine days after the attack.

At the post-mortem examination, which was made twenty-four hours after death, the vessels at the base of the brain were found very atheromatous, more especially the basilar and carotid arteries. On the left side of the brain, white softening had taken place for a space of two inches in circumference, on the outer side of the corpus striatum and optic thalamus; the brain-substance was quite diffluent here, but in the rest of the organ was healthy. The left middle cerebral artery was completely plugged by a firm plug of fibrin, which had coagulated on the roughened surface of the artery, for the vessel was atheromatous at this spot. The heart and aorta were healthy, and it was clear that in this case, as in the preceding one, the obstruction was due to thrombosis, and not to embolism.

UNIVERSITY COLLEGE HOSPITAL.

(Cases under the care of Sir HENRY THOMPSON.)

FOR the notes of the following cases we are indebted to Mr. Deane, house-surgeon to Sir Henry Thompson.

LONG-STANDING STRICTURE; EXTRACTION OF TWO CALCULI FROM THE URETHRA.

The subject of this case, who was forty-four years of age, came to the hospital on February 1st, with the symptoms of a severe urethral stricture. The affection commenced about twenty-six years ago, and the man had been frequently under treatment both in London and the provinces. On one occasion his bladder was tapped by the supra-pubic method; in 1855 he underwent the operation of perineal section; and, finally, was treated by gradual dilatation of the stricture. He did well for some months after the last-mentioned treatment; but, after omitting to pass a catheter for three weeks, he found that the old symptoms rapidly returned. Micturition became difficult, blood and pus appeared in the urine, and for two months previous to the date of his admission his water had been passed in drops. For twelve months he had noticed also a hard lump at the under-surface of the penis, near its junction with the scrotum. This at first had felt like a collection of sand, but afterwards became much harder, and at times a sound could be heard as of two smooth and solid bodies grinding together. Sir Henry Thompson found that there were two strictures—one situated at one inch and a half behind the meatus, and the second at a distance of five inches. These were gradually dilated until No. 5 could be passed with ease, when a staff was introduced into the urethra. With this two small calculi could be felt distinctly in a pouch opening into the floor of the urethra, between the two strictures. On Feb. 16th, the patient having been placed under the influence of chloroform, Sir Henry passed a grooved sound, and made a longitudinal incision into the under-surface of the urethra, and extending through the floor of the urethra. Urine escaped, and two lithic-acid calculi were then extracted. The longest diameter of one measured five-eighths of an inch, that of the other three-eighths of an inch. A sound was afterwards passed into the bladder, but no calculus could be felt.

LITHOTRITY.

The following are the chief points in an interesting case of oxalate-of-lime calculus of the bladder. The patient, a pale and weakly young man, aged twenty-two years, was admitted under Sir Henry Thompson's care on January 10th. Since childhood he had complained of difficulty of micturition, accompanied in many instances by pain. Two years before admission these symptoms had increased in intensity, and the patient then commenced to pass gravel. Eighteen months later he had noticed, after a long walk, that the urine contained blood. On October 24th of last year he became an out-patient. Urine was then free from blood, but contained lithates. On January 7th, 1870, after a long walk to the hospital, he again passed blood in the urine. After his admission a calculus could be detected in the bladder. This was crushed on January 18th. Fragments of oxalate of lime were afterwards passed, and, on the 20th, an entire calculus of the size of a bean. An instrument was again passed on the 28th, but no remaining fragment could be detected. During the after-treatment the patient complained of much pain in the region of the bladder, and at the end of the penis during and after micturition. The urine also became thick, and indicated catarrh of the bladder. Buchu was administered, but with no very favourable results. Quinine was afterwards prescribed, and under the influence of this tonic the vesical symptoms rapidly abated, and the urine became perfectly clear.

PERI-URETHRAL INFLAMMATION.

The patient in this case was admitted with a tight urethral stricture, for the treatment of which gradual dilatation was carried out. This was so far successful that in the course of a few days a No. 7 instrument could be introduced into the bladder with ease, and the urine passed voluntarily in a full stream. Cure, however, was retarded by an obstinate inflammatory condition of the penis, marked by thickening and congestion of the prepuce and the sheath of the organ, and by the appearance of small, circumscribed abscesses along the course of the urethra. Sir Henry Thompson stated that it was difficult to account for the persistence of this condition after the urethra had been rendered readily permeable by large-sized instruments. As the most likely cause would be some ulceration in the walls of the urethra, the best treatment in obstinate cases of this kind was to take care that as little urine as possible should come in contact with the mucous membrane of the canal, and that the bladder be always emptied by means of a catheter.

CHARING-CROSS HOSPITAL.

CASE OF STRANGULATED UMBILICAL HERNIA; OPERATION; DEATH.

(Under the care of Mr. BARWELL.)

THE following case acquires some additional interest by the publication, in the last number of Langenbeck's *Archiv*, of Prof. Uhde's paper on Umbilical and Ventral Hernia. In this essay the Professor gives a collection of all the recorded operated cases, the results being as follows:—

	Total.	Recovered.	Died.
Umbilical hernia	122	57	65
Hernia at linea alba ...	14	10	4
Ventral hernia	35	24	11

These numbers must be taken with some reserve, since they cannot give a correct return of the results of operation in general. The tables are made up of cases that have been published, and publication is, as a rule, only awarded to instances made remarkable by some peculiarity as regards severity, anatomy, or semeiology. Nevertheless, although the results of remarkable cases cannot be accepted as a correct statistical record, the table is interesting, and in many points of view very curious. The following case adds another to the death-list of ventral hernia.

Pietro D'A——, aged forty-three, admitted October 31st, 1869, suffering under the usual symptoms of strangulated hernia. As the man could speak no English, Mr. Watkins of Bedford-street, who had attended the patient and sent him into hospital, could give but little history. It appeared that the man had a scrotal hernia, easily reducible; and another, said to be umbilical, which in the last eight days had become irreducible; and that for five days the man had been constantly sick, with abdominal pains, &c. For twelve hours the vomiting had been stercoraceous. All attempts at reduction failed. The man refused to come into hospital till the evening of the above date, when Mr. Barwell was at once sent for.

The patient was short, very muscular, and rather obese. All the usual symptoms of strangulation were well marked. On examining the abdomen, the two herniæ above named were found, the scrotal one on the right side being easily reducible. The umbilicus was quite clear of hernia, and formed, as in most fat people, a deep depression; above it, and to its left side, was a large, round, not very prominent lump, without defined edges; the skin over it was inflamed, with a livid red surface, a good deal like an early stage of carbuncle; it was brawny to the touch, leaving on pressure a lighter-coloured pitting.

The man was placed on the operating table, chloroform was administered, and Mr. Barwell cut cautiously through the inflamed tissues step by step, till he arrived at what he deemed the sac; this, however, was excessively tense, and adhered strongly to the margins of the ring. A little hole was made in it, and a stream of venous blood (or what looked like it) projected in a wide arch from the opening; between four and six ounces of this liquid must have flowed. Mr. Barwell enlarged the opening and exposed the contents of the sac—a long coil of intestine, together with a very fat mesentery. A portion of the former had already put on that pale, bluish appearance which precedes the ash colour of sphacelus. Around these parts the ring was so tightly constricted that it required a careful search to find a spot where the director might be insinuated. When this was done, the ring was found of tendinous or cartilaginous hardness, and, in order to return the intestine with as little manipulation as possible, its edge was incised in three places. The hernia was then reduced, the parts restored, and, to prevent secondary protrusion, the opening in the abdominal walls was drawn together with silver wire.

After the operation the patient rallied a good deal and sickness ceased. He passed urine and flatus. But at 7 A.M. of the following morning, vomiting of coffee-ground matters set in, the man sank very quickly, and died at 10.30 A.M., fifteen hours after the operation.

Autopsy.—Only the abdomen was examined. There was very little peritonitis. The intestine that had been strangulated lay next the wound; it was of a deep-claret colour, but not sphacelated, and probably had never recovered any function or vermicular movement. It appeared as though death had been caused by such entire want of intestinal action.

In his remarks to the class, Mr. Barwell laid stress on two points:—Firstly, he said the bluish tinge, which was observable in two patches on exposure of the intestine, was the first step to, but was not, sphacelus. He inspected them carefully at first; then, after dividing the stricture, examined again, and found them less marked in hue, and smaller in circumference. Had this not been the case, he would not have returned the gut. Secondly, concerning the sanguineous fluid that flowed when the sac was opened. This liquid, when *en masse*, looked as dark as venous blood; but a little of it rubbed between the fingers left much less stain than blood would do, and imparted a feeling of greasing, like serum or synovia; it was blood mixed with the ordinary secretion of the peritoneum. Its presence depended on the tightness of the stricture, which, while sufficient to prevent all return of blood, was insufficient to prevent the flow of blood to the intestine. Hence extravasation from the turgid veins, also swelling enough to produce pressure so great that it projected this fluid through the first opening made into the sac, in an upward arch six inches wide, and as large as a crowquill. As a matter of prognosis, Mr. Barwell said that he had seen but one case of recovery where a deeply-coloured fluid had been found in the sac; and even that case was saved with the greatest difficulty.

Provincial Hospital Reports.

NEWCASTLE-ON-TYNE INFIRMARY.

CASE OF STRANGULATED UMBILICAL HERNIA; OPERATION; RECOVERY.

(Under the care of Dr. W. C. ARNISON.)

THE following case may be conveniently associated with that which we publish this week from Charing-cross Hospital. The report is by Mr. A. H. Walpole, house-surgeon.

Mrs. B——, thirty-eight years of age, five months pregnant, was admitted on the 16th of September last, at 10 P.M., suffering from strangulated umbilical hernia. The symptoms of strangulation had been present since the morning of the 14th of September. The taxis, opium, and other means had failed to reduce the tumour previous to admission. The hernia dates from her first labour, sixteen years ago, and has gradually increased with every labour; has never been reducible, and presents a large, irregular, lobulated tumour, with umbilical cicatrix stretched over it, tense and firm to the touch, and tender upon pressure.

On admission, the symptoms for a time were not urgent. The assistant-surgeon, Mr. Hawthorn, saw the case, in the absence of Dr. Arnison, and attempted reduction, without success. About midnight, hiccough with retching, and a tendency to syncope, plainly indicated the necessity for immediate operation. Dr. Arnison first saw her at this time; and, after trying the taxis, introducing the rectum-tube, and injecting a large quantity of warm water, without effect, determined to operate without delay, making, however, a last attempt at reduction after chloroform had been administered.

Operation.—An incision was made on the right side of the tumour, where some discoloration existed. Integuments very thin. Sac reached at once and opened. First appeared a mass of healthy omentum, and beneath that a knuckle of intestine, darkly congested, but smooth and shining. The ring was nicked on one side upon the finger, and attempts at reduction made; these failing, a second nick was made at another part of the ring, and reduction again attempted; this still failing, a third nick was made at a part where the ring still felt constricted, and the gut then readily returned. No attempt was made to replace the omentum, which had been so many years irreducible; but, in order that the wound might be closed, a large portion had to be tied and cut off. The wound was brought together with sutures, and a flannel roller applied. Patient rallied after operation; pulse rose in volume, and she felt easier. Sickness still continued; treated by brandy and soda-water.

Sept. 17th. — 10 A.M.: Pulse 120; has slept at times; sickness continues; no pain or tenderness; bowels have acted, and flatus has passed. Half an ounce of champagne to be given every four hours. — 10 P.M.: Progress still favourable; no sickness.

18th.—10 A.M.: Slept pretty well; pulse 124; colon much distended; no pain or tenderness. To have beef-tea and milk, and continue the champagne. Assafœtida enema given. — 10 P.M.: Distension relieved; bowels acted after enema; takes beef-tea and milk; pulse 122; respiration 40; temperature 101·4°.

After this some sloughing took place of the integuments around the incision, but the patient gradually improved. Some small abscesses formed round about the wound in connexion with the remaining omentum, portions of which sloughed away, but gave little inconvenience. The patient was soon able to leave her bed, and left the hospital on Oct. 10th nearly well, a small wound remaining, which has since healed.

Remarks.—The case is reported as presenting some unusual features, and some points of interest. Strangulation of an umbilical hernia during pregnancy is said by Erichsen to be rare, but occasionally occurs. As he observes, the pregnancy did not in this case complicate the operation. It certainly did not retard recovery, neither did the strangulation, and operation for its relief, put an end, as might almost have been expected, to the pregnancy, which continued at the time of the report, the patient being then about a month from confinement. However important it may be to reduce an umbilical hernia without opening the sac, the attempt in this case would certainly have failed. The contents of the sac were a large mass of omentum for many years irreducible, completely enveloping a knuckle of gut, which was most probably a recent intruder, so that the gut could only be found after careful search and turning aside the omentum, and was with difficulty returned even with the sac opened, and only after nicking the constricting ring at three separate points. As pregnancy advanced, the tumour increased in size, a further portion of omentum apparently finding its way into the hernia in spite of a well-fitted abdominal support and padded leather cup for the tumour. On this account, as well as from the risk of yet further protrusion during the severe expulsive efforts necessary to expel a full-grown child, Dr. Arnison had recommended to the patient the induction of premature labour.

Medical Societies.

MEDICAL SOCIETY OF LONDON.

THIS Society held its ninety-seventh annual meeting on Tuesday, the 8th instant, at the Freemasons' Tavern, Great Queen-street, Lincoln's Inn. The President, Mr. Peter Marshall, was in the chair. The result of the ballot was declared to be as follows:—President: Mr. John Gay. Vice-Presidents: Mr. W. Adams, Dr. John Cockle, Mr. T. C. Weeden Cooke, Dr. Symes Thompson. Treasurer: Mr. C. H. Rogers Harrison. Librarian: Dr. S. Day-Goss. Secretaries-in-Ordinary: Mr. J. W. Barnes and Dr. J. C. Thorowgood. Secretary for Foreign Correspondence: Dr. Sansom. Orator: Dr. Cholmeley. Council: Dr. Althaus, Mr. H. R. Bell, Mr. R. Davy. Dr. W. H. Day, Mr. R. W. Dunn, Mr. F. J. Gant, Mr. James Hinton, Mr. Thos. Hunt, Dr. H. L. Kempthorn, Mr. George Lawson, Dr. Macpherson, M.A., Mr. P. Marshall, Mr. F. Mason, Mr. de Méric, Dr. Richardson, F.R.S., Mr. H. P. Robarts, Dr. L. Sedgwick, Dr. F. Simms, Dr. George Slight, and Mr. E. W. Tait.

According to a recent change in the laws, the annual oration will be delivered on May 2nd, when a general *conversazione* will be held.

Fothergillian Gold Medalist: Dr. Thomas S. Clouston, Medical Superintendent of the Cumberland and Westmorland County Asylum, Carlisle, for the best essay on any subject in Therapeutics. The subject chosen by Dr. Clouston was, "On the Use of Opium, Bromide of Potassium, and Cannabis Indica, especially in regard to the use of the two latter given together, in Insanity."

Fothergillian Silver Medalist: Dr. A. E. Sansom, for special services rendered to the Society.

The following is the subject for the Fothergillian Gold Medal next year, "On Obstetrics, including the Diseases peculiar to Women." Essays competing to be sent in before November next.

The Fellows of the Society, to the number of sixty, afterwards dined together. Among the visitors were Dr. Paget, of Cambridge, Dr. Quain, Mr. Jonathan Hutchinson, Dr. Grailly Hewitt, Professor Tyndall, &c. The usual loyal toasts having been drunk, the "Medical Society of London" was given, in proposing which the President took occasion to congratulate the assembly on the very prosperous and flourishing condition of the Society. His remarks were received with much cheering.

FEBRUARY 14TH, 1870.

MR. PETER MARSHALL, PRESIDENT.

The SECRETARY read the notes of a case of Diffused Abdominal Aneurism, sent by Dr. G. Elliott, of Hull. The patient, a sailor, was admitted into hospital suffering from pain in the side. In a day or two a pulsating tumour appeared beneath the angle of the tenth rib, and gradually enlarged till it reached from the angle of the scapula above to the crest of the ilium below, and measured fourteen inches across. The autopsy revealed the right kidney lying on the surface of a tumour, with the last rib separated from the spine; erosion of the eleventh and tenth ribs; absorption of the first and second lumbar, and the eleventh and tenth dorsal, vertebræ. The opening into the sac was just behind the cœliac axis, and the aorta for five inches above was dilated.

Mr. WELLS related a case of Attempted Suicide by Chloroform, which has been noticed already in our columns.

The paper of the evening was read by Mr. WEEDON COOKE, "On Lupus." Having referred to the recent lectures by Mr. Erasmus Wilson and Dr. Tilbury Fox, in evidence of an on-coming of a more natural system of arrangement, by which the external aspect of disease would be more equably associated with general diseased action or function than has hitherto prevailed, the author sketched the past history of his subject, and took as his guide in the division and definition of this disease the standard set up by Biett and Cazenave, reducing all the forms of lupus to three,—Lupus superficialis, Lupus exedens, and Lupus hypertrophicus—the rodent ulcer of Paget and Hutchinson. The first form may generally be found associated with scrofula. The second could not be said to be grounded on any special diathesis; it was a local defect of nutrition, probably founded on some embolism of the neighbouring vessels, but having, nevertheless, a systemic origin which had yet to be defined. The third species was commonly associated with heart and lung disease, and appeared in persons of a melancholic temperament, with slow circulation. Some of these forms of lupus may be seen in persons having a history of syphilis; but there was no reason to look upon them at all as cause and effect. Two cases were mentioned, showing some resemblance to keloma, there being a fibrous condition of skin, with tubercles, which had grown into pendulous tumours. These had been removed by écraseur and chloride of zinc, and ultimately a cure effected. Some cases of Lupus superficialis had been cured by lemon-juice and cod-liver oil, with the external application of a solution of bichloride of mercury. In the early stage of Lupus exedens the disease had also been cured by the application of lint saturated with chloride of zinc,—a ready method of applying this caustic, as small pieces to suit the angle of the eyelids &c. may be safely and securely employed. The paper concluded with a *résumé* of the treatment of lupus both topically and constitutionally, advocating much the saturated zinc lint as a manageable caustic; and although not disregarding the use of arsenic as a constitutional remedy, preferring iron and cod-liver oil in most cases, and fresh lemon-juice especially in all.

HARVEIAN SOCIETY.

FEBRUARY 3RD, 1870.

DR. W. F. CLEVELAND, PRESIDENT, IN THE CHAIR.

MR. DE MÉRIC read a paper on Induration in Syphilis. The author cautioned his hearers as to the danger of being hasty in diagnosis respecting recent lesions on the parts of generation. As regards the lesion called chancre, it was interesting to discuss the four following points:—1. What is known of the histology of the indurated mass? 2. The peculiarities of the latter according to locality; 3. Whether this kind of induration can be distinguished from other kinds; and 4. Whether syphilis may exist without it. Mr. de Méric treated these points in a rapid manner, showing, first, that our knowledge as regards the nature of the induration was as yet imperfect; and secondly, that very striking distinctions existed as to shape and feel of the induration, according to locality. The author alluded especially to the indurated stratum said to form the base of those well-known chancres which are observed on the skin of the penis. This parchment-induration, as it has been called, he had often sought in vain, and thought it rather problematical. Such chancres, however, he had always seen followed by secondary symptoms. Mr. de Méric inquired, in the third place, whether mistakes were liable to

occur as to distinguishing syphilitic induration from simple œdema, and ordinary infiltration; very simple rules for avoiding error being pointed out. The important subject of the complete absence of induration, in the initiatory symptoms of syphilis, was then discussed. From cases quoted it was shown that this induration may be completely absent, and that exceptional instances have been noted by the author where no evident initiatory symptom could be made out.

WEST KENT MEDICO-CHIRURGICAL SOCIETY.

FEBRUARY 11TH, 1870.

DR. PRIOR PURVIS, PRESIDENT, IN THE CHAIR.

MR. W. JOHNSON SMITH read a paper on certain points in the Treatment of Venereal Diseases. In discussing the treatment of gonorrhœa, he stated that the uncertain duration of the disease, and its frequent persistence, in spite of active treatment, were to be rather attributed to neglect of rest and points of hygiene, than to inertness of the surgeon's remedies. The chief remedies, in a case of acute gonorrhœa, he considered were the alkalies, tincture of aconite, bromide of potassium, and the balsams, of which the oil of yellow sandal-wood was by far the most efficacious. In speaking of gonorrhœal epididymitis, the author stated that in mild and subacute cases the only treatment required was to keep the patient in the recumbent position, with the scrotum elevated for two or three days. In very acute cases, where the inflammation of the scrotum was high, and speedy relief required from the severe pain, puncture of the testicle, as recommended by Mr. Henry Smith, was a very beneficial proceeding. In speaking of the treatment of constitutional syphilis, the author stated that of late years there had been a tendency among surgeons to substitute an external for an internal administration of mercury. The last step in this direction consisted in the hypodermic injection of this agent, a mode of treatment for some time past extensively practised in Berlin and in Paris, and lately advocated in this country by Dr. Walker, of Peterborough. For iritis, scaly eruptions, and mucous patches, a solution of corrosive sublimate, injected below the deltoid muscle or under the skin of the back, acted far more efficaciously and speedily than other modes of administering mercury. The great disadvantage of the hypodermic mode was the severe and persistent pain at the seat of the puncture. The injection was often followed, in the course of from thirty-six to forty-eight hours, by a painful and circumscribed swelling in the subcutaneous connective tissue, which generally disappeared in the course of twelve hours.

Reviews and Notices of Books.

The Physiology of Man; designed to represent the existing state of Physiological Science, as applied to the Functions of the Human Body. By AUSTIN FLINT, jun., M.D. New York: D. Appleton and Co. 1870.

THE volume before us is the third of this important work, and embraces the consideration of the several subjects of Secretion, Excretion, Ductless Glands, Nutrition, Animal Heat, Movements, Voice, and Speech.

The Americans have been decidedly successful in their physiological teachers. We owe to them some of the best text-books we possess on the subject, as those of Dunglison, Draper, and Dalton sufficiently testify; and the present, which is a much more extended work than any of the preceding, is, we are happy to say, no exception to the rule. So far as we are able to judge, it furnishes a very faithful reflex of the present state of physiological knowledge, and a reliable guide for the student who is endeavouring to master the details of this rapidly enlarging domain of biological science. The principal objection that teachers will feel to placing it in the hands of beginners will, undoubtedly, be its bulk. Already there are three volumes of fair size, and there still remain the great subjects of the Nervous System and the Organs of Special Sense and of Generation to be considered, which will occupy at least two volumes more, if the latter subject be treated with anything like the fulness of detail and completeness of the excellent section upon it in Dr. Dalton's work. Four or five volumes on one branch, and that, though an important one, still subsidiary, constitute a rather formidable array to present to the student who is either entering on or completing his career. We think we can discern the trace of some such considerations on the part of Dr. Flint himself; for we observe that the section on Movements, the last but one in the present volume, is less full and complete than most of those which precede it, as though the author were fearful of expanding his subject beyond all reasonable limits. This is particularly the case in regard to the question of muscular efforts, on which so much has been written by Professor Haughton and others, but which is here dismissed within the limits of a page and a half, and in a very unsatisfactory manner. The only other fault we have to find is that the histology is badly given; the account of osseous tissue, for instance being contained in four or five pages, and of cartilage in two or three. Descriptions so brief and imperfect as these might well have been altogether omitted. Turning from these deficiencies, however, one of which we hope to see supplied in a future part, we must acknowledge that the exposition of the principal facts that have been acquired on each section is remarkably lucid and complete. The interest of the volume centres in those on the functions of the kidney and of the liver, and we select the latter for comment.

Dr. Flint commences the chapter on the liver by a brief description of its physiological anatomy, in which the observations of Kiernan, Sappey, Kölliker, Beale, Schiff, Leidy, and a host of other and more recent writers are duly given. There can be little doubt, now, that the ultimate branches of the biliary ducts penetrate the interior of the lobules, and form exquisitely fine tubes between the hepatic cells. Some are of opinion that those passages are formed only by opposite and corresponding grooves on the surface of the cells, whilst others hold that a separate membrane is present. Dr. Flint tells us that a peculiarly favourable opportunity for investigating this point was presented in the livers of animals that died of the so-called "Texas cattle disease," which was taken advantage of by Dr. C. Stiles; and that, "in the examination of these specimens, the presence of what appeared to be detached fragments of these little canals is an argument in favour of the view that they were lined by a membrane of excessive tenuity."

In regard to the production of the secretion, Dr. Flint considers there are good grounds for believing that the liver-cells situated outside the plexus of origin of the biliary duct secrete the bile as well as the glycogenic matter, the former being taken up by the biliary capillary ducts, and thence discharged into the intestine. He does not consider there is any evidence in favour of the view, held by Robin, that the liver is a fusion of two distinct organs, a biliary and a glycogenic organ. As regards the kind of blood from which bile is formed, he thinks the evidence at present obtained is in favour of the view that it may be secreted from either venous or arterial blood. He gives the estimated quantity per diem at two pounds and a half. The chemical composition of the bile is then fully detailed, an extended consideration being devoted to cholesterine, which, as the author holds, and has performed a number of original investigations to prove, constitutes one of the products of the disintegration of the nervous tissue, and, after being taken up by the blood, is secreted from that fluid by the liver—a view which we are quite disposed to accept. A long chapter is then devoted to the glycogenic function of

the liver, in which the evidences of the presence of sugar in blood are given. Dr. Flint agrees with Bernard, and is at issue therefore with Dr. Pavy, in believing that "during life and in health the blood, as it passes through the liver and is discharged by the hepatic veins into the vena cava, contains sugar, which is formed by the liver independently of the sugar and starch taken as food." The question of the presence of sugar in the liver under normal conditions during life, is a different matter; and Dr. Flint remarks that from his own experiments he has come to the conclusion "that Dr. Pavy and those who adopt his views cannot consistently deny that sugar is constantly formed in the liver and discharged into the blood of the hepatic veins; nor can Bernard and his followers ignore the fact that the liver does not contain sugar during life; although, as has been shown by Pavy, and more specifically by M'Donnell, sugar appears in the liver in great abundance soon after death."

We miss any explanation of the mode of origin of sugar from albuminous compounds, or of the functions fulfilled by the sugar when formed; but apart from these points, and taking the phenomena of the origin of sugar from farinaceous compounds only into consideration, the following remarks seem to us to express with accuracy the views that are now generally received respecting the mechanism of the production of sugar in the liver:—"The liver first produces a peculiar principle, analogous to starch in its composition and in many of its properties, though it contains two atoms more of water, out of which the sugar is to be formed. The name glycogenic matter may properly be applied to this substance. It is, as far as is known, produced in all classes of animals, carnivora and herbivora; and although its quantity may be modified by the kind of food, its formation is essentially independent of the alimentary principle absorbed. The glycogenic matter is not taken up by the blood as it passes through the liver, but is gradually transformed in the substance of the liver into sugar, which is washed out of the organ as fast as it is produced. Thus the blood of the hepatic veins always contains sugar, though sugar is not contained in the substance of the liver during life." The glycogenic function in the fœtus, the influence of digestion and of different kinds of food, and of the nervous system on the function, are then considered. The urinary secretion is not less fully and completely described; and we cordially recommend the work to our readers, as corresponding in the English language to the splendid work of Milne Edwards in the French.

OUR LIBRARY TABLE.

The Cell Doctrine: its History and Present State. For the use of Students in Medicine and Dentistry. Also, a Copious Bibliography of the subject. By JAMES TYSON, M.D., Lecturer on Microscopy in the University of Pennsylvania, and on Physiology in the Pennsylvania College of Dental Surgery, &c. With a coloured plate and other illustrations. Philadelphia: Lindsay and Blakiston. 1870.—This little volume, in its outward appearance and some of its illustrations, so much resembles a work on the same subject by Dr. Lionel Beale, that one might at first suppose that it was an American edition of "Protoplasm." The illustrations, though clear enough, are sometimes rather too hard and defined in outline. They strike the reader as copies of plates instead of drawings from nature. The author's object has been to facilitate the work of students in acquiring information as to the history of the "cell doctrine," and the various phases through which it has passed from time to time, and which, unless we are much mistaken, it will continue to pass for some years yet, before all physiologists are agreed as to the nature of, and conclusions to be drawn from, their observations. Dr. Tyson has performed his task well, and by the aid of his book a student cannot fail to obtain a clear idea of the points of agreement and disagreement of the leading schools of observers. Dr. Tyson agrees to a great extent with Dr. Beale, but differs from him somewhat in regard of the structure of the germinal matter, and still more decisively on the character and relation of the "formed" to the growing, germinating material.

Families of Speech. From Lectures delivered before the Royal Institution of Great Britain, in March, 1869. By the Rev. F. W. FARRAR, M.A., F.R.S., late Fellow of Trinity College, Cambridge, Hon. Chaplain to the Queen, &c. London: Longmans. 1870.—We have read these lectures with a considerable amount of pleasure. The author has contrived to make them interesting and easy by means of a clear style and good arrangement of his subject-matter. Here and there, certainly, he indulges in a little of that kind of artificial eloquence which we are accustomed to expect in addresses delivered before a mixed audience; but even lecturers at the Royal Institution have to serve their topics as cooks do their eggs for invalids—whip them up into a froth.

A Pharmaceutical Guide to the First and Second Examinations. By JOHN BARKER SMITH. London: Churchill and Sons. 1870.—This will, we believe, be a popular guide to the examinations. It comprises information which the pharmaceutical student could only procure for himself by consulting several books. Latin Grammar, Fractions, Materia Medica, Botany, the Pharmacopœia and its preparations, are the subjects treated of; and as far as they can be embraced, by a good selection and arrangement of the information, in less than 200 pages, the author may fairly claim to have succeeded.

Scarlet Fever: a Manual for Mothers and Nurses. By JOHN MARSHALL, M.R.C.S. London: John Churchill and Sons.—This little book will enable the mother or female attendant of a child suffering from scarlet fever to pursue a judicious course of regimen from the first symptoms to the last, and to co-operate with the medical man intelligently. The style is clear and simple, and the book conveys knowledge which will be useful in many ways—not the least being the writer's demonstration that the term "scarlatina" is in the last degree objectionable, and ought never to be used for the good old "scarlet fever," with which it is synonymous and convertible.

Syphilis: its Nature and Difusion popularly considered. By JAMES GEORGE BEANEY, F.R.C.S., late Honorary Consulting Surgeon to the Melbourne Hospital, &c. Melbourne: Geo. Robertson. 1869.—This volume treats of the pathology and morbid anatomy of syphilis, interspersed with cases and observations. We cannot see why it was necessary to popularise this subject at all, and especially in the way attempted by Mr. Beaney. He is not, we regret to say, to be congratulated either on his matter or manner. There are fifteen highly coloured plates at the beginning of the volume, some of which we regard as out of place in a popular treatise.

Foreign Gleanings.

ANÆSTHESIA IN REMOVAL OF THE UPPER JAW.

A STUDENT of medicine, of Greifswald, Germany, has published in the *Med. Centr. Zeit.* (February 12th, 1870,) some woodcuts, showing that anæsthesia can be obtained during this operation. Tracheotomy is first performed, and a canula, with a caoutchouc apparatus, introduced into the trachea. This apparatus consists of an india-rubber flaccid bag, the size of a walnut, adapted to the canula. By means of a tube running along a small portion of the

dorsum of the latter, the bag is inflated so as to fill the trachea completely, and shut out the air from the rima glottidis. Chloroform is inhaled through the canula, and no blood, during the operation, can penetrate the lungs. When the removal of the upper jaw is completed, the canula is gradually removed, and, by the admission of a little air, the blood which had accumulated in the glottis is coughed up. The tracheal wound is then closed. This contrivance has not as yet been tried upon the living; but the author has made his idea public, to take rank as to priority.

TAPPING OF THE PERICARDIUM.

Dr. Löbel, of Vienna, states (in the *Central Blatt*, No. 3, 1870) that, to relieve dyspnœa in pericarditis, he removed some of the effused serum by a simple operation. To a glass syringe, capable of containing an ounce of fluid, a pointed canula-needle was adapted, as used for subcutaneous injections. A puncture was made in the third intercostal space, and the syringe soon filled, by suction, with a yellowish fluid. About three ounces of the latter were removed, by three times repeating the same operation. Great relief was obtained, and the patient, with whom all other means had failed, was, after several days' sleeplessness, able to rest. The improvement did not last long, and hydrothorax soon supervened. The distress in about twelve days became again so great that some serum was removed in the same manner, the puncture being, however, made in the third intercostal space on the *right* side, the canula being directed to the left. Three ounces were again evacuated; but the patient, full sixty-eight years of age, died the next day. Hydrothorax was found on both sides, but the pericardium contained very little fluid. The holes made by the needle were very distinct; but no trace of blood, or lesion of the heart, could be discovered. Dr. Löbel thinks that this mode of procedure is very painless, but that the instrument to be used should, in future, be an improvement upon the syringe he employed.

HOW PUS IS FORMED.

We gather from a long report, lately presented to the Academy of Medicine of Paris by M. Vulpian, that much reliance may be placed on the theory of Cohnheim. It will be remembered that the latter maintains that pus-globules are simply extravasated leucocytes of the blood. M. Vulpian and M. Hayem carried on experiments in pericarditis, encephalitis, myositis, anal fistula, in cases of small-pox, &c., and they conclude that Cohnheim's theory is worthy of great attention.

INTRA-UTERINE INJECTIONS IN SUPPURATIVE ENDOMETRITIS.

M. Hervieux, physician to the Paris Maternity Hospital, has published (in the *Bulletin de Thérapeutique*, Feb. 15th, 1870) six cases of this complaint, in recently delivered women, treated by intra-uterine injections of camomile infusion, sharpened with liquor sodæ chlorinatæ. The double-current canula was used, and the result was extremely favourable in all the cases.

EXPERIMENTS OF THE INDIAN GOVERNMENT ON THE THERAPEUTIC EFFECTS OF THE VARIOUS CHINCHONA ALKALOIDS.

THE Government of India, being desirous of obtaining trustworthy information as to the relative therapeutic value of the four alkaloids found in chinchona bark, appointed a medical Commission for the purpose.

A supply of quinine, quinidine, chinchonidine, and chinchonine, was specially prepared by Messrs. Howards and Sons, of Stratford, and sent to various parts of India and Burmah, to be carefully tried by selected medical officers. The result of their investigations has been collected by Commission, and has been laid before his Excellency the Viceroy and Governor-General of India. The returns were highly satisfactory, as will be seen by the following extract from the Report of her Majesty's Commission:—

"It has been shown that the total number of fevers treated by the new alkaloids and chemically pure quinine is 2472, of which only 27 are stated to have failed, and of these no less than 11 were at Labuan. The failures, it will be observed, are but a little in excess of 1 per cent. of the aggregate number treated; which is certainly a most favourable result, especially when it is known that many of the patients were saturated with malaria and ill-fed, as evidenced by their enlarged spleens and emaciated condition."

Opinions differed (as might be expected amongst so large a number of medical men) as to the exact comparative value of the different alkaloids; but the following extract from the general conclusion of the Commission on the subject is interesting:—

"Dr. Jackson's experiments extended over no less than 564 cases. 'These alkaloids are all,' he says, 'possessed of highly antiperiodic properties in malarious fever. They were given in the above number of cases without one fatal termination. It is true that the fever, though generally prevalent among the prisoners, was of a very mild type; the fact, however, remains that the average duration of treatment was about six days [here Dr. Jackson omits to reckon the large number cured by single doses], and such a result can only be accounted for by allowing the very marked specific effects of the alkaloids administered. I much doubt if such a result could be obtained by the administration of any other of the well-known antiperiodics —always excepting the *facile princeps* sulphate of quinine itself.'

"Dr. Fogo writes: 'In small doses all the alkaloids produce the same therapeutical effects—that is, as tonics, antiperiodics, and antineuralgics. Hypodermically and internally, they have proved successful. In large doses they are all equally energetic, and produce their effects rapidly. They have been successfully used as antiperiodics and febrifuges. We have now three alkaloids, in addition to quinine, all of great power. Quinine appears to be the most active and certain in its effects, and, from long-established reputation, it is not likely to be superseded by any of the other alkaloids, at least not until they become more known. In many constitutional peculiarities, when quinine cannot be borne, these alkaloids will be found good substitutes, and they can all be substituted of each other.'

"Most of the medical officers employed in using the alkaloids seem fully impressed with the belief that they are equally, or very nearly, as efficacious as ordinary quinine.

"In regard to the relative effects of the three new alkaloids, and with them chemically pure sulphate of quinine, the evidence derived from their use shows that, with the exception of sulphate of chinchonine, as already stated, they in a remarkable degree so closely resemble each other in therapeutical and physiological action as to render distinctive description of little or no practical utility.

"In reviewing the whole of the operations for testing the therapeutical effects of the chinchona alkaloids, the result confirms generally the favourable opinion expressed by the Commission last year, and likewise conclusively establishes beyond doubt that ordinary sulphate of quinine and sulphate of quinidine possess equal febrifuge power; that sulphate of chinchonidine is only slightly less efficacious; and that sulphate of chinchonine, though considerably inferior to the other alkaloids, is, notwithstanding, a valuable remedial agent in fever.

"There is no longer room to doubt that the alkaloids are capable of being used with the best effects in India" (and elsewhere). "They have been compared with quinine,—a drug which possesses more than any other that can be named the confidence of medical practitioners, and have been found by more than one observer to supplement this sovereign remedy in some of its points of deficiency."

TRINITY COLLEGE, CAMBRIDGE. — At the annual election of Fellows to be held in October next, one Fellowship will be given at Trinity College for proficiency in the Natural Sciences. The examination will be held in the latter half of the month of September, and the subjects for examination will be those appointed for the Natural Sciences Tripos. The competition for this Fellowship will be open to any member of the University who shall have attained the degree of B.A., B.L., or M.B., and whose standing after such degree shall not exceed three years.

THE LANCET.

LONDON: SATURDAY, MARCH 19, 1870.

IT is not easy to conceive how any serious obstacle should now arise to the introduction and passage of a measure of Medical Reform which will put several things right affecting the medical profession which a great number of its members have long felt to be wrong. The "nineteen licensing bodies" are now fairly before the public. Things cannot revert to the *status quo ante bellum*; for it should be distinctly understood that there is a most essential difference between the scheme of reform that is suggested to the Government by the Medical Council and that which will satisfy public opinion and the medical profession. The deputation to the Home Secretary has removed the subject from the category of technical and merely professional questions to that class of questions which vitally affects the interests of the people. The publicity given by the reports and by the just criticism of the press to the existence and rivalry of nineteen bodies competing with each other, and under temptation to lower both their examinations and their charges in order to attract the greatest number of students, has produced an impression on the public mind which cannot be effaced. The public will not rest till this state of matters is rectified, and until some parliamentary guarantee is given that a licence to practise means actual fitness for all the ordinary emergencies of daily medical life.

The radical evil of the present system is that corporations are supported by passing students into the profession; and all reforms will be unsatisfactory which do not remove this radical evil. It is not necessary to deny that the corporations are of use, or, at any rate, that they are ornamental to the profession. They represent, for the most part, a few, a very few individuals who have been fortunate enough to distinguish themselves in the profession. They also represent in some cases valuable libraries and museums. It is desirable that they should be maintained in the common interest of the profession and the public. But it does not at all follow that they should be maintained out of the fees paid for diplomas. This is a most objectionable mode of supporting such institutions. The objections to it are obvious, and have now been pretty well exposed. The deputation of last week set them forth. Mr. BRUCE clearly indicated that he perceived them. It is unnecessary, therefore, that we should at present describe them in detail. We wish, in a sentence or two, to urge the fact that corporations make bad examining bodies. Take, for example, the College of Surgeons of England, which has licensed a great majority of English surgeons. Here is an institution with a considerable *prestige*. It has had presidents and councillors who have represented all that was sound and broad and skilful in surgery, whether considered as an art or as a science. It has the finest museum in the world, and a library with about fifty thousand volumes. But, unfortunately, it has been a licensing corporation. The consequence is twofold: it has made very inadequate use of its great resources, and it has been the very model of a bad examining body. As a a corporation, it has consisted practically of a Council, and an examining board elected *by and out of the Council*. The surgeons of England, as a body, have had no intercourse with their College. From the day they passed by an ingenious exhibition of knowledge, not so much of surgical truth as of the surgical hobbies of the examiners of the time, to the present, the probability is that they have had no communication with or from their College. Surely such an institution as this is not a College of Surgeons, but the College of a clique of surgeons. There is no breadth or life or sympathy in it. Not only is it a poor College, but, we repeat, it is the very model of a bad examining body. We must verify so serious an assertion touching a body which we are now taught is the very glory of the profession in Britain. What, then, is the fact? Up to two years ago this College ignored the science of medicine, and passed men without ascertaining whether they knew anything of this science or not; as if a surgeon could treat even a surgical case without medical knowledge. It may be said that this scandal is now removed. Granted; but the very fact that it existed until two years ago was a proof that the examining body was a bad one, narrowed by some false notion of duty or interest. But, unfortunately, we have not to go back two years to find proof that the College of Surgeons was most faulty as an examining body. To this day it subjects the candidates for its membership to no clinical examination. The very test which all admit to be essential is conspicuous by its absence from the College examination. The explanation of all this is to be found in the fact that the College has hitherto been practically a close corporation, consisting of a few "friends in council" who have promoted each other. Surgeons have been elected to the Council when their knowledge of details has been much impaired by the exigencies of busy and profitable practice; and when this knowledge has become still rustier, their turn has come to be put on the examining board. With such a system—a council of men engaged by all that is friendly and all that is selfish to consider one another—it has come about that the science of examination has been entirely ignored at the College of Surgeons. It is not quite so bad, perhaps, in other corporations subsisting by examinations, or rather by passing men without too narrowly examining them. But it is not very much otherwise. The Apothecaries, who have really conducted themselves most creditably, as things go, among the examining bodies, do not examine in surgery. Neither does the College of Physicians of Edinburgh, which has achieved a reputation of great tenderness for candidates.

This system, then, of sustaining corporations by giving them examining duties, should cease and determine. And yet the General Medical Council contemplates a fresh lease of it. The corporations are to combine to do together that which they have done so badly singly. They are all to unite into a sort of happy family—the Universities, the College of Physicians, the College of Surgeons, and the Apothecaries,—and to appoint examiners, and to divide the spoils amicably among themselves. We utterly object to such a proposal for meeting the present dissatisfaction on two grounds: that it

leaves our corporations still in main possession and control of the licensing boards, and interested in passing men; and, secondly, that it involves such a price for a diploma as would amount to a hardship on the student, and would leave him no money to spare for a superior qualification, such as a degree or a fellowship. In other words, we object, in the name of the public, who by such a system would not have the desired guarantee of fitness in its medical practitioners, and in the name of the profession, whose education is likely to be growingly expensive, and which there is no justice in taxing through huge fees for examination.

We insert in another column a letter from a much respected correspondent—Dr. PARKES. We are not under any misapprehension. We distinguish, as Dr. PARKES does not seem to do, between the resolutions of the Council, which stipulate for the retention of "all the rights and privileges of the corporations"—surely including the right of examining,—and the scheme merely contemplated by certain of the London bodies. We do not deny that the conjoint board or boards contemplated by the Council will be some improvement upon the present system of nineteen boards. What we maintain is that the resolutions of the Council, while more or less superseding the separate corporations, propose virtually to maintain them out of the fees paid for examination. They attempt to retain all the present cumbrous machinery, while greatly simplifying the mere examining process. We differ from Dr. PARKES in thinking that all the separate corporations can be maintained, and the conjoint board to boot, out of fees less than those at present paid. The English scheme contemplates £30 being paid for a mere licence to practise. We should feel this to be a great tax for the support of a lot of corporations that are to be virtually relieved of their duties. Moreover, as we have said above, the corporations, by the resolutions of the Council, will, in England at least, retain the principal power of choosing examiners for the conjoint board; and their choice may proceed, as heretofore, on principles of etiquette and seniority, rather than on principles of fitness. We think public opinion ripe for a much more thorough measure of reform than this. Dr. PARKES, from his mere good-nature, and partly from the influence of the corporate elements in the Council, has acquiesced too readily in a very imperfect scheme.

ALTHOUGH we were only upon the threshold of our inquiry into the Administration of the Out-patient Departments of the Metropolitan Hospitals, the attention of the profession has been fairly roused to the great and increasing abuses inseparable from the facilities and temptations now presented for obtaining gratuitous advice. There are as yet many institutions which it would have been desirable to notice. We have been invited to inspect the Hospital for Women in Soho-square, where the medical staff have repeatedly called the attention of the executive to the abuses which prevail. We should have desired to pay a special visit to the Hospital for Consumption at Brompton, where, it will be remembered, one of the assistant-physicians refused promotion, it is said, because the in-patient department was less profitable than that of the out-patients, many of these being sufficiently well off to command the attention of the physicians when too ill to come to the hospital. It would have been desirable, also, to extend our inquiries into the operation of dispensaries—institutions which, although valuable when properly used, in too many cases inflict a considerable amount of injury upon the general practitioners in their vicinity. But further action is now unnecessary. The right chord has been touched. Our proposal to hold a Conference, made three weeks ago, has been generously responded to. The distinguished names appended to the requisition, and the promise of Sir WILLIAM FERGUSSON to take the chair on the occasion, afford the strongest guarantees that the subject will be thoroughly considered, and something done.

As we have already taken so large a part in the investigation, it is, perhaps, desirable that we should briefly epitomise the evils, and point out some of the questions which will require a settlement. The whole subject is surrounded with difficulties, and our observations must of necessity be general. The fact is that medical charity has outgrown all reasonable proportions, and it will require careful consideration to know where and how deeply to apply the pruning knife. It would be contrary to the desires and instincts of our profession to narrow the lines of charity so as to exclude a single poor and deserving sufferer; but, whilst giving full effect to our generous impulses, we have a right to be careful that we do not relax the springs of independence by tempting persons to receive gratuitously that for which they would otherwise be glad to pay.

We apprehend that the first and most important fact which will require to be established and brought home, not only to the satisfaction of the profession, but of the public generally, is the improper and unwise extent to which gratuitous medical charity now goes. It was calculated that in the year 1868 the number of patients admitted to the hospitals and dispensaries of the metropolis amounted to 1,800,000. Perhaps it would be more exact to say that so many illnesses were gratuitously treated. But this large number is not by any means the whole. About a quarter of a million of cases are attended annually by the Poor-law district medical officers, and about fifty thousand more are admitted into the workhouse infirmaries; and, besides these, it is impossible to say how many patients are seen gratuitously by medical practitioners and consultees at their own homes. So that it is certain that near upon two millions and a quarter of sicknesses are gratuitously treated in a year. If for a moment we suppose that two sicknesses represent one person, it follows that one-third of the inhabitants of London obtain and probably rely upon gratuitous medical advice. The whole tendency of this vicious system is to prevent the people making any provision for themselves; and the rich, unfortunately, find it far easier to subscribe to an hospital or dispensary than to insist upon habits of forethought on the part of those who are dependent upon them. Instead of saying to their domestics, for example, "You must join a provident dispensary, where for the moderate payment of a penny per week you will have the right to medical advice when ill," they simply give them a ticket for the neighbouring hospital, and add one more to the crowd which forms the out-work of pauperism.

The practical questions are—Can this evil by any means be checked? and if so, by whom shall it be done, and where? Although, no doubt, those who give their services gratuitously should have the right to refuse their assistance in any given case, yet we think it is obvious that the duty of discrimination cannot, as a rule, be fairly imposed upon the hospital or dispensary medical staff. It is the executive who can alone deal with the question as to who shall be admitted and who refused. Perhaps in the larger hospitals this duty should be given to a special officer; and, at all events, it may be possible to lay down some general rules upon which admission shall be based. Nor must it be forgotten that the question cannot be decided on the spot. The appearance of patients is most deceptive. The decent and respectable dress does not necessarily imply prosperity, nor are rags the certain evidence of want. It may be desirable, therefore, to give to every applicant a licence to attend, say, for a day or two, or even for a week. This would afford time for inquiry, or for the production of a certificate stating that the applicant is a fitting object for charity.

The next great question which will require the utmost care to solve is, the propriety of exacting a money payment. And on this point it is, perhaps, desirable to keep the question as to the out-patients quite distinct from that of admissions to the beds. It has been argued that there is no reason whatever why hospitals should treat their patients for nothing. A patient unable to pay a shilling towards the institution would be a proper subject for the medical relief afforded by the parish. A shilling for every illness treated would, no doubt, amount to a good round sum. It would meet the expense of drugs, or it would enable the hospital authorities to pay nearly 700 officers £100 a year each. It is also thought by some that even this small payment would check the admission of many patients who go to the hospital for trifling complaints—such, indeed, as they would never consult a surgeon for if they had to pay. And perhaps this is so. But we confess that the proposal appears to us to be open to very serious objections. We have uniformly opposed the plan of payment because it detracts from the true character of the service rendered, and gives the recipient a sense of right. It would be more difficult than ever to provide a check upon abuse. People would be tempted to go to the hospital by the fact that they could obtain for a shilling that advice for which they would otherwise be compelled to pay at least a guinea. Payment would, in fact, institute a sort of hybrid between charity and right. Neither staff, nor executive, nor patients would understand their true relationship. And on this account it may be found wise to draw a marked line of separation between payment and charity, properly so called. Payment appears to us to involve a sense of justice, and, consequently, payment of the medical staff; whilst charity proper is the union of the benevolent public with the profession for dispensing to proper and deserving objects gratuitous advice. But with this distinction it may, nevertheless, be extremely desirable that the independence of the lower middle classes, who, under existing arrangements, impose so largely on the public charities, should be cultivated by giving them the opportunity of paying for advice, the payment being in some degree proportionate to their means. At this moment there are but seven provident dispensaries in the metropolis; and at these institutions only 23,947 patients were treated in the year. May it not be desirable to increase their number? We believe there is no greater want than the opportunity of securing good medical advice, both within hospitals and at home, on the principle of mutual assurance. What a comfort it would be to thousands who live in their lonely rooms if, by paying a moderate premium, they were entitled to the attendance of a medical man, and to an admission to hospital should they require more attention than is obtainable in their humble homes. And might it not be possible to turn the sympathies of the benevolent into a channel of the highest grade of charity—viz., into that which enables the recipient to help himself? We would, therefore, suggest for the consideration of the Conference whether it would not be desirable to convert some of the existing dispensaries into places where payments are received, and leave to the great hospitals the privilege of free admission, better regulated, but practically untouched.

And this brings us to the last important point: the general insufficiency of the out-patient staff. It appeared conspicuously both at St. Thomas's and St. Bartholomew's. In the former hospital the whole of the physicians' out-patient work is done by one officer; and at St. Bartholomew's the reform will be incomplete so long as the assistant-physicians have so much work to do.

The question of organisation at the large hospitals, so as to utilise the opportunities for teaching purposes, will form an important subject of discussion; and, indeed, without going further into detail, we shall look to the Conference to settle many other questions which will incidentally arise.

We can only add, in conclusion, that we shall render all the assistance in our power to a complete and comprehensive reform.

IT is one of the compensations incidental to the existence of those persons who "rush in where angels fear to tread," that they sometimes blurt out an observation which serves to call the attention of wiser men to questions admitting of or even requiring discussion, but which, for some reason or other, had not previously been discussed. Mr. JACOB BRIGHT, M.P., at a meeting of the Social Science Association, made a statement to the effect that medical practitioners would be degraded by carrying out the requirements of the Contagious Diseases Act; and Mr. ACTON, ever watchful over the proceedings of the persons by whom the extension of the Act is being opposed, has called upon Mr. BRIGHT to explain and justify his assertion. The result has been a correspondence which has been published in the *Pall Mall Gazette*, and to which we desire to call the attention of our readers. Mr. BRIGHT—we beg Mr. BRIGHT's pardon—Mr. JACOB BRIGHT, repeats his statement in these words:—

"The doctors who undertook the duties imposed by these Acts, or who, in other words, were engaged in the legal outrage of defenceless women, would necessarily be the coarser, the inferior portion of the profession; if for no other reason than this, that in a short time the best women of the land would be unwilling to meet them in the same drawing-room."

Now it must be admitted, of course, that the inspection of prostitutes with a view to the discovery of disease is not a task likely to commend itself to the tastes and inclinations of men of refinement. But, precisely because this is so, it is absolutely necessary that the medical profession should regard it, and should teach the public to regard it also, in the same light as the other disagreeable duties that fall to us in our daily practice, and which it is not permitted us either to avoid or to contemn. The ordinary incidents of attendance upon a case of midwifery, of the prosecution of anatomical and pathological research, and of many surgical operations, are revolting, not only to the tastes of men of refinement, but even to the senses of men of no refinement at all. We nevertheless do these things, and vanquish our repugnance to do them, simply as a matter of duty; and everyone knows, as a fact confirmed by daily experience, that no one is rendered coarse by doing them, or is shunned or despised on their account. When Mr. JACOB BRIGHT speaks of the "best women of the land," it is probable that he is losing himself in the realms of conjecture, rather than drawing upon the stores of experience; and it would be waste of time to attempt to refute a statement that is only calculated to provoke a smile. It is not conceivable that any women, either best or worst, could be so silly as their self-constituted champion represents them; and the status of medical men in drawing-rooms, whether they are examining surgeons or not, will continue to depend, as it has always depended, upon their individual qualities and merits. It would be a grave misfortune if Mr. JACOB BRIGHT and his friends could so far change the current of English feeling as to bring into disrepute the performance of an unpleasant duty, by the only men who are capable of performing it with discretion and propriety.

The rest of the correspondence serves only to furnish examples of the mass of unfounded assertion by which the opponents of the Act have either succeeded in misleading themselves or are endeavouring to mislead the public. When they ventured upon precise statements, it was nearly always found that some troublesome person, with a pestilent craving after accuracy, would investigate each successive tale of woe or hardship, would ask for names, places, and dates, and would at least show that, in the estimation of the heroes of the platform, credulity is a far less dangerous error than scepticism. Itinerant spouters, unabashed by refutation and exposure, will still repeat the dreary old stories by which the Rescue Society, coy but not unwilling, has from time to time been hoaxed; but a member of Parliament occupies a position that compels him in some measure to be careful. Mr. JACOB BRIGHT appeals to India, and states, on the authority of some unknown correspondent to an unnamed paper, that "in India the duty of inspection had gone from the surgeon to his assistant, and then to the apothecary." India is a large place, and Mr. JACOB BRIGHT is tolerably safe in making a statement too vague to be controverted; but he forgets to add that the native apothecary is a professionally educated man.

We are not now discussing the policy of the Contagious Diseases Act, or the difficulties that may stand in the way of its adoption, but simply the kind of rhetoric by which it is opposed. The orator to whom we have referred has since distinguished himself by inquiring of the Home Secretary whether it was true that an "Englishwoman" was a prisoner in Maidstone Gaol for refusing to submit to the violation of her person by a surgeon. He obtained the information that his interesting *protégée* had been examined fourteen times, that she had been found diseased and sent to hospital five times, and that she objected to a repetition of the process. It was tolerably manifest that her revolt had reference to the curtailment of her liberty, rather than the violation of her person. Whatever may be thought of the general question, it cannot be disputed that it was a good thing to shut up Mr. JACOB BRIGHT's pet "soiled dove," on whatever pretext or for whatever time. A lady with her unfortunate liability to contract disease, and with her perfect willingness to incur the risk, would certainly be a nuisance to be abated; and every day that she spent in prison would be so much clear gain to the community.

It is truly lamentable that questions so nearly touching the public health, and of such importance to the public weal, should in any way be left to the decision of men who talk claptrap, with an apparent inability to distinguish it from argument. Some years ago Mr. BRIGHT was beaten at an election. He received, we have been told, from his brother JACOB a letter, which he exhibited as a joke at his club. "I do not condole with thee, brother JOHN," wrote the present member for Manchester, "upon thy defeat; but rather do I rejoice thereat. Thou wilt now return to thy home and attend to thy business." How excellent a thing it would be if the writer of this epistle would act upon his own admonition, and would leave sanitary legislation to people who are competent to deal with it.

THE action raised by Dr. C. J. B. WILLIAMS against the Duke and Duchess of SOMERSET, and decided in his favour on the 24th ult. in the Court of Exchequer, possesses a more than temporary interest. Nothing, indeed, could be more frank, free, and unreserved than the defendants' withdrawal of the imputations embodied in the libel on the plaintiff's professional honour, character, and skill. But Dr. WILLIAMS felt, and very justly, that while retractation and apology of the amplest kind had been made by his august accusers, and that while every satisfaction had been tendered to him which a Court of Justice could vouchsafe, still there were questions and interests involved to which scanty consideration had been given; and that while the legal mind had declared itself entirely in his favour, the members of the high calling of which he is a distinguished representative might reasonably look for such a recapitulation of the history as only its chief medical actor could furnish. For, setting aside the fact that the Solicitor-General, in his anxiety to make the part of apologist as light for the noble defendants as possible, ran the risk of understating his client's cause, and allowed much of the libel to go uncontradicted, Dr. WILLIAMS had especial reasons for putting his self-justification on record. He had to vindicate not merely his own honour, but that of his profession; he had to place in a clear and conclusive light his entire conduct not only as a duty to himself, but as an obligation to the art, any votary of which might hereafter have to undergo a similar ordeal. In comparison

with this, the scientific narrative of the case, which in Dr. WILLIAMS's hands could not fail to be interesting; the high rank of the patient, and of his father and mother; even the jealous care with which a physician of Dr. WILLIAMS's stamp naturally cherishes his professional reputation, all sank into insignificance. That the profession at large felt its character at stake may be inferred from the fact that representative physicians of the stamp of Sir THOMAS WATSON, Dr. GEORGE BURROWS, Sir WILLIAM JENNER, Dr. GULL, Dr. RICHARD QUAIN, and Dr. FRANCIS SIBSON, and surgeons equally representative, like Sir WM. FERGUSSON, Mr. PAGET, and Mr. ERICHSEN, came forward of their own free will, and individually and collectively attested their conviction that Dr. WILLIAMS's view and treatment of the case were precisely what theirs would have been.

Dr. WILLIAMS has accordingly published an "Authentic Narrative of the Case of the late Earl ST. MAUR," and has taken up the libel point by point, and disposed of its charges conclusively and for ever. Of these the first was to the effect that, on the morning of the 30th of September, he was sent for a little after 8 o'clock, and that he did not come till 12; whereas Dr. WILLIAMS proves that the message reached his house at 8.45, and that he was with the patient in Dover-street at 9 o'clock. Another charge sets forth that he behaved rudely to Dr. HARDINGE, who was called in before he came, and that, in subsequent attendance on the case, Dr. WILLIAMS was inspired by jealousy of him. But Dr. WILLIAMS shows that these imputations are groundless. At first sight, he failed to recognise in Dr. HARDINGE a medical man and an old acquaintance; but the moment the latter mentioned his name, Dr. WILLIAMS recollected him, and treated him with entire courtesy, as, indeed, Dr. HARDINGE acknowledges in his own letter. The Duchess, in a very prominent part of her libelous circular, states that the attack of spasm which, in the afternoon of the 30th of September, proved fatal, was directly caused by Dr. WILLIAMS's rough examination and his "pinching" the patient's throat; whereas his examination was the reverse of rough, the patient's throat was never "pinched," the examination was followed by an accession of quiet to the patient, and the spasm did not supervene till several minutes later, when Dr. WILLIAMS was in another room. The Duchess asserted that she was not apprised of the performance of the operation of tracheotomy; whereas the facts are these:—That Dr. WILLIAMS, to spare her feelings, withheld the announcement of the operation till the arrival of the surgeon made its immediate performance possible, and that then he distinctly told her Grace that making an opening in the windpipe was the only chance of saving life, and that the surgeon was come to do this. The libel, moreover, contains charges of neglect, apathy, failure to give warning, and so forth. Dr. WILLIAMS's plain narrative details the incidents of the visits (four in all) he paid to Earl ST. MAUR; of which the three first lasted each about an hour, and the final one more than two hours, besides an interview of nearly one hour's duration with the Duchess alone. It describes the care with which the examination was made; the anxiety shown in the minute instructions and warnings given to the patient on each and every occasion. It finally depicts the nature of the disease, obscure at first, but becoming gradually more apparent through steady scientific scrutiny; approached as it was, if not scientifically determined, by a diagnosis "which would account for all the symptoms, and especially for the last unexpectedly rapid strides of the disease to its fatal end." This diagnosis, we believe, would have proved correct on post-mortem examination; but this opportunity, unhappily, was refused.

Dr. WILLIAMS's pamphlet, which may be regarded as an "Apologia pro arte Medicâ," ought to be carefully studied by every member of the profession as a triumphant vindication of conduct, which illustrates as happily as is conceivable those laws of "medical ethics" so well expounded by Professor WILLIAM STOKES. Dr. WILLIAMS might, doubtless, have left his character with perfect safety in the hands of his professional brethren; but he has pursued the magnanimous course of recapitulating the whole circumstances of the case for the benefit of all practitioners of the physician's art, and particularly those of the rising generation. There are men, no doubt, who are quite capable of using the imperfect report of the case as given in the Court of Exchequer to the detriment of Dr. WILLIAMS, and of the calling he represents—men who will not be convinced—

οἳ οὐδὲ τρὶς λέγοντες ἐξικνούμεθα.

It is satisfactory to know that this "authentic narrative" silences the voice of slander for ever; proving, as it does, that even the highest rank, reinforcing literary powers of the most persuasive order, will avail as nothing against the character of any practitioner who pursues his art with intelligence, with candour, and with honour.

WE recently called attention to the observations of Professor HENSEN on the structure of muscular fibre, which, shortly stated, are—that not only is the light substance intervening between the dark striæ traversed by a fine line or band, but that the dark striæ are divided into two halves by the intervention of a dull, finely granular disc, which he has termed the median disc: so that the succession of laminæ would be—first, a lamina composing one-half of a dark stria; secondly, the median disc; thirdly, the second half of the dark stria; and fourthly, the light intervening substance, which is itself crossed by a dark line, originally thought by CARPENTER, before the development of muscular fibre had been worked out by SAVORY, LOCKHART CLARKE, and others, to mark the boundary of a cell. The appearances described by HENSEN have led Professor KRAUSE, so well known for his researches on the connexion of nerves with muscle, to investigate the subject, and his results appear in a carefully drawn up paper published in the last part of the *Zeitschrift für Biologie*. As he uses the terms frequently, we shall remind our readers that the dark striæ are anisotropous or doubly refractile, whilst the light striæ are singly refractile or isotropous. The isotropous or clear substance, he begins by stating, is divided into two equal halves by a transversely extended membrane corresponding to the line above mentioned. This membrane is termed the basement membrane of the muscular tube or fibre, and is firmly adherent at its borders to the sarcolemma, and may produce the wrinkling of the edges of the latter when seen

in a profile view, with which we are all familiar from the drawings of Mr. BOWMAN. This membrane resembles the dark striæ in being anisotropal. Now KRAUSE contends that the statements of HENSEN are due to changes taking place in the dark striæ after the removal of the muscle from the body, and especially after the addition of water or of acetic acid. The dark striæ, or the anisotropal substance, under these circumstances, become paler and paler, whilst the membranes crossing the light striæ become more and more conspicuous, till at length these last appear to be the exclusive cause of the dark striation of the muscle, the dark or anisotropal and the clear or isotropal substance having fused together into a homogeneous clear mass. It thus appears that the dark striæ of the fresh muscular fibre, and of the fibre after some lapse of time, or after the addition of a little acetic acid, are two totally distinct and separate things, and the gradual alteration that occurs may best be followed in insects. The study of the appearances presented by the muscles, when examined with polarised light, KRAUSE says fully supports his statements. And, again, the changes produced by an alteration in the position of the source of illumination are perfectly explicable on his view of the structure of muscular fibre; for it is found, when the light falls obliquely, that two dark striæ appear—one produced by the dark membrane traversing the clear substance, and the other by the plane of apposition of the anisotropal and isotropal substances, the former casting a very evident shade over the proximate half of the clear substance. Professor KRAUSE adds that no one who has paid any attention to the subject can doubt the entire uniformity of the structure of muscular fibre throughout the whole animal kingdom, though considerable variations in the dimensions of the several parts occur. HENSEN's statements he therefore thinks, in conclusion, are founded on an imperfect appreciation or interpretation of the phenomena under observation.

Medical Annotations.

"Ne quid nimis."

CHLORAL HYDRATE.

THIS interesting drug has now been sufficiently tested by a large number of eminent practitioners to enable us to form a tolerably clear idea both of its merits and its defects; and as we perceive that (after the usual fashion in matters medical) there is going to be an epidemic rage for the new remedy, it may be well to call the attention of the public to the principal features of its action which can be said to be fairly made out.

In the first place, the term "anæsthetic" should no longer be applied to chloral, for it has entirely failed to make good its claim to this reputation; even the largest doses do but produce a heavy and prolonged sleep, which is, however, essentially different from true anæsthesia. On the other hand, as a producer of sleep, chloral is, in many respects, unrivalled; for though, like every other remedy, it fails in a considerable number of cases, it does succeed in a very large number; in fact, it is inferior in certainty, as a hypnotic, to opium alone. Moreover, it is very greatly superior to opium, and almost every other drug, in the character of its sleep-producing action; there are no attendant symptoms of cerebral oppression; the sleep, though often prolonged, is light and refreshing, and no unpleasant after-symptoms are experienced. It is important to observe, however, that this description only applies to the use of moderate quantities, and that not only unpleasant but highly dangerous symptoms have been produced by doses which we regret to see are very commonly used. Very careful inquiry leads us to assert that it is both unnecessary and dangerous to give larger doses than twenty to thirty grains, repeated once or twice if necessary, for hypnotic purposes. Doubtless it might happen that 100 consecutive patients might take much larger doses with impunity, but the 101st might present the alarming symptoms described by Dr. Reynolds, in a recent number of the *Practitioner*, as produced by a dose of fifty grains, and these symptoms might easily take a fatal turn.

As a remedy for pain, chloral holds a very varying place in the estimation of medical men, some rating it highly, and others thinking it almost worthless. Perhaps the safest estimate of its power over pain is that it only exerts an indirect influence, by inducing a disposition to sleep, in which the pain is forgotten. Certainly it has entirely failed, in the hands of the present writer, to relieve severe pain of a pure neuralgic type. On the other hand, there is a good deal of evidence that it relieves suffering where the parts are very *tense*, and where mere arterial *throbbing* counts for much in the production of the pain; thus it has been very favourably spoken of for its effects in gout. And this fact, if it be correct, corresponds with certain observations which have been made as to its action on the circulation. Both from sphygmographic experiments on healthy persons and on patients, and also from the details of the nearly fatal case reported by Dr. Reynolds, there is reason to think that chloral exerts a contracting influence upon the arterioles, powerful in proportion to the dose; and it may well be that arterial throbbing is checked by this kind of influence.

On the whole, however, there can be little doubt that the great function of chloral is that of a hypnotic, and calmer of general nervous irritability. In delirium tremens it is excellent: and it is probable that with two such weapons for choice as bromide of potassium and chloral we shall be able almost entirely to dispense with the use of opium, which is so uncertain and dangerous a remedy in that disease. In the state of sleeplessness which threatens the access of puerperal mania, chloral is probably an unequalled remedy. In melancholia its action as a hypnotic appears to be powerful and remarkably sure. In mania, also, it acts well enough as a hypnotic, though there seems some division of opinion as to whether it does permanent good. We may also state that in the irritable condition of aged persons who find it difficult to sleep for any length of time continuously, the use of a single dose of thirty grains of chloral appears often to answer excellently well. The minor uses of the drug in relieving more trivial conditions of nervous irritation, and in alleviating painful spasmodic symptoms of various kinds, are probably considerable.

THE MEETING OF FELLOWS AND MEMBERS OF THE COLLEGE OF SURGEONS.

WE briefly announced last week that the Council of the College of Surgeons had, at their last sitting, agreed to the requisition forwarded to them by a large body of Fellows and Members, and determined to call a meeting on Thursday, the 24th inst. We have now to announce that the meeting will be held at three o'clock, under the chairmanship of the president, Mr. Cock; and that, in order to secure the admission of only those entitled to attend, each Fellow and Member will be called upon to sign his name on entering

the College theatre. This is only a reasonable arrangement if sufficient means are provided to carry out the plan without delay; and as the meeting will probably be a large one, it may, perhaps, be not out of place to suggest to the College authorities that the whole area of the theatre should be thrown open, instead of being in great part covered in by a false floor, of the stability of which there may be some doubts.

We presume that those gentlemen who signed the requisition will be prepared with some resolutions to be submitted to the meeting; but it may be as well to remind all intending speakers that they must keep within the subjects for which the meeting is to be convened—namely, "to discuss and consider the present position of the College, with respect to probable legislation, and the formation of a single examining board for each division of the United Kingdom." This leaves open a sufficiently wide field for a discussion of any ordinary length, since the present position of the College of Surgeons can hardly be fully appreciated without reference to the past, and anticipation of the future, especially in connexion with State interference; whilst the relation of the College to the anticipated single examining board will, in all probability, bring into antagonism the views of those who do, and those who do not wish medical education to be emancipated from the thraldom of the corporations.

It may be interesting to our readers, no less than to those about to take part in the first authorised meeting of the Fellows and Members as a corporation within their own College, to recall the very different circumstances of the last meetings held within the College in the year 1831. Early in that year the advisers of King William IV. had been unwise enough to forbid the attendance of medical officers of the navy at the royal *levées*. This matter, as affecting the dignity of the whole medical profession, was warmly taken up by the late Mr. Wakley, and in THE LANCET of Feb. 12th, 1831, it was suggested that the question should be taken into consideration on the 14th, at the College of Surgeons, when the Members (there were no Fellows then) would meet to hear the Hunterian oration. Accordingly, before the oration, a very large meeting passed two resolutions, brought forward by Mr. Wakley, expressing their astonishment at the order we have alluded to, and requesting the President and Council of the College to memorialise the Lords of the Admiralty on the subject. When the President, Mr. Keate, entered for the oration by Mr. Anthony White, Mr. King, who had been deputed by the meeting to address the President, began to do so, but was interrupted by Mr. Keate, who begged that the oration might be proceeded with, and promised to remain at its conclusion to hear any remarks which might be addressed to him. Some shuffling occurred after the oration with regard to the President's *gown*, which Mr. Keate put off before he would hear Mr. King, and then declared that he heard him in his *private* and not in his official capacity; but in the end received the resolution passed by the meeting. No action was, however, taken by the Council, which declared the proceedings to have been irregular, as was announced by Mr. King in THE LANCET of March 5th, in the columns of which number it was suggested that another meeting of the members should be held before the College lecture on March 7th. On that memorable day the College authorities endeavoured to prevent the meeting by keeping the doors of the theatre closed till the last moment; but the members were not to be baulked, and proceeded to their business under the presidency of Mr. G. Walker, regardless of the College officials. A requisition in the following terms—"The President and Council require the members and students to quit the theatre," having been exhibited by Mr. Belfour in the form of a placard without effect, the monstrous insult was had recourse to of sending "Bow-street runners" to arrest Mr. Wakley, who was taking a prominent part in the proceedings. This led to a general uproar, and the forcible hauling of Mr. Wakley into the street by the runner, who was then given into the custody of one of Sir Robert Peel's new policemen for an assault. The charge and counter-charge were dismissed by the Bow-street magistrates, and a criminal information applied for by the College authorities against those who took part in the proceedings in the College theatre led to no result, except to widen the breach between the Council and the members, and to lead to the enacting of the bye-laws which have been hitherto held to prevent all meetings within the College, but are now conveniently found so elastic as to permit the very thing they were framed to suppress. In THE LANCET of Nov. 5th, 1831, Section 18 of the Bye-laws, as they now stand, was published for the first time, with the following addendum:—

"Made and ordained Bye-laws of the Royal College of Surgeons in London, by and at a meeting of the Council of the said Royal College holden at the College on the 27th day of April, 1831.

"We have examined and do approve of and allow these Bye-laws. "BROUGHAM, C.
TENTERDEN.
"21st day of May, 1831." N. C. TINDAL.

We trust that the authorised meeting of Thursday next will be conducted in a very different manner from that to which we have referred, and that good results will follow the important discussion which must necessarily ensue. It will scarcely be necessary, we imagine, for the authorities to have a single policeman on the premises, or to swear in one of their own officials as a "special," which last would be a direct insult to the corporation.

THE TREATMENT OF LUNATICS AT COLNEY HATCH ASYLUM.

WE are sorry to find that the authorities of this asylum are again bringing discredit on the treatment of the insane in this country. At the last Middlesex Sessions attention was drawn to the following extract from a report by the Commissioners in Lunacy on the mode of treatment of destructive patients in Colney Hatch Asylum:—

"Observing several single rooms in which there was neither bed nor bedstead, we made special inquiries on the subject, and found that they were occupied at night by patients of destructive habits, who slept on the floor without either bed or pillow, being supplied only with strong quilted rugs. On the night preceding our visit, thirteen men and two women passed the night in this manner; and on reference to the ward books, in which the fact is always recorded, it appears these were about the average numbers who were thus treated. This plan, which is sanctioned by the medical officers, is adopted whenever a patient perseveringly destroys his bedding. Sometimes the bed is restored in two or three nights; but in other cases, in the male division, it is withheld for several weeks. This practice we think it our duty to condemn in the strongest manner; and we do not believe it exists in any other asylum."

It will be remembered that, three years ago, much public excitement and indignation were aroused by the discovery of a practice at Colney Hatch of locking up certain patients in their rooms at night *without any clothing or bedding*. In answer to the protests made from all quarters, it was maintained that this was the most humane and scientific treatment practicable in such cases; and it was ultimately abandoned, not from conviction of its barbarity, but in amiable deference to the weakness of public sentiment. The supplying of strong quilted rugs is, undoubtedly, an improvement upon the economical plan of supplying no clothing or

bedding at all; and we may hope that the authorities, having got so far, may get a little farther forward in time, and see their way to the possibility of supplying beds also. The arguments with which Mr. Wyatt, a member of the Visiting Committee of the asylum, strove to meet the complaints of the chairman of the sessions were exactly the same sort of arguments which were used on the former occasion to prove that it was much the best plan of treating destructive patients to allow them to pass the night stark-naked and lying on boards. It was said then that it was no use furnishing any bedding, because it was torn up immediately, as it is now said to be no use to furnish mattresses, which would be torn up and scattered about the room. But it has been found practicable to supply strong quilted rugs, which are not torn; and we cannot doubt that it may, in like manner, be found practicable to supply the patients with beds to lie upon. Mr. Wyatt is, we believe, an *ex officio* guardian of St. Pancras, and has been active in exposing the abuses of the workhouse. It behoves him, therefore, specially to beware of setting a bad example at Colney Hatch to his elected colleagues on the board of guardians, and of using arguments that are nothing more than an attempted justification of what looks like a great inhumanity.

METHYLIC ETHER AS AN ANÆSTHETIC.

AT the Medical Society of London, on Monday night, Dr. Richardson made a communication on the application of methylic ether as a general anæsthetic. Methylic ether is made by mixing one part of sulphuric acid with two of pure methylic alcohol, and applying heat. The ether passes over as a gas, having an ethereal odour, and a vapour density of 23, taking hydrogen as unity. To fix the gas, Dr. Richardson passes it slowly through pure ethylic ether, of specific gravity ·730, and boiling point of 95° Fahr.: the gas is being absorbed for several hours, and the result is an ethylic ether saturated with methylic. This is the fluid employed for anæsthesia. Two drachms of the fluid are poured upon domette in a simple mouthpiece, which also covers the nostrils, and the vapour from the surface of the domette is directly inhaled. Dr. Richardson reported eleven cases of tooth extraction in which he had successfully anæsthetised with methylic ether, at the National Dental Hospital; and since Monday, Mr. Gregson has used it at the Dental Hospital of London, also with great success. Two peculiarities, at least, may be mentioned, as pertaining to the action of the new narcotic:—(1) That it produces quick relaxation of the muscles; (2) That while the patients under its influence are unconscious of pain, they are capable of performing what appear to be conscious acts, which acts, on recovery, are entirely forgotten. The anæsthetic sleep is induced usually within a minute and a half, recovery being perfected as quickly; in no period of the anæsthetic sleep is there asphyxia, and the pulse undergoes little alteration. In short, from the experience as yet obtained, there is promise that, for short operations at all events, methylic ether will fill an important place in our list of remedies. The chemical composition of the ether is (CH_3) 2O.

SUPERANNUATION OF POOR-LAW MEDICAL OFFICERS IN ENGLAND.

MR. BRADY, M.P., has introduced for England and Wales a Bill supplementary to the measure he has already carried for Ireland—to wit, the provision for Poor-law medical officers whom age or infirmity has disqualified for duty. We are glad to learn that the Council of the Royal College of Surgeons, at their last meeting, unanimously resolved to support the measure, while the President and Vice-president have been requested to frame a petition to that effect for presentation to the House. Steps in the same laudable direction have also been taken by the Associated Medical Graduates of the University of St. Andrews, who have authorised their President to use their names and influence in support of the Bill. The measure, calculated as it is to lighten and soothe the declining years of many a public servant who has grown grey and enfeebled in rendering similar good offices to the destitute, is entitled to the energetic support of all Poor-law practitioners, who should also lose no time in petitioning Parliament in its favour. Although the Bill is merely a permissive one, its provisions are practically observed in the case of all medical officers now serving under the Poor Law, and what is required is to convert this consuetudinary law into right. Dr. Rogers, of Dean-street, Soho (as we have already stated), will temporarily take charge of petitions in its support, and in our issue of the 5th inst. will be found the form in which it ought to be framed. English practitioners would do well to second Mr. Brady's efforts in the manner and spirit of their Irish brethren, who not only through their corporations memorialised Parliament, but sent a deputation to London to impress upon the Government the necessity for the enactment of the Bill.

THE MEDICAL PROFESSION IN THE LAW COURTS.

THE medical profession has been brought a good deal before the public latterly, in various actions of more or less sensational character; but certainly the most unsatisfactory figure of the whole is that presented by Dr. Godwin Timms in the case of Grimstone *v.* Timms in the Probate Court. Mr. Hutley, whose will was in dispute, though he began life as a labourer, had before his death accumulated some £120,000. He had some time prior to his decease promised marriage to a Miss Wilkins, but appears to have deferred the fulfilment of his engagement somewhat indefinitely. At length, however, the bridegroom was brought to the altar on November 9th, 1865, and Miss Wilkins became his wife, at least in name. Mr. Hutley had made a will prior to his marriage, leaving the bulk of his property to his sister and her family; but this being, of course, revoked by his marriage, another will was executed shortly after that event, by which the property was divided between his wife and sister, with the proviso that if either of them died before the testator, her share should go to the children of a niece. Mr. Hutley's sister died in June, 1866, and he himself died in August of the same year. When the will came to be proved a brother of Mr. Hutley objected on the ground of the testator's incapacity, but was bought off for £5000. Mrs. Hutley then entered upon the enjoyment of her share, amounting to at least fifty thousand pounds; and, three months after her husband's death, married Dr. Timms, who had attended Mr. Hutley during the last year or two of his life. After three years, however, a son of the deceased sister turns up in Australia, disputing the validity of the second will; and after a trial of six days' duration, a jury finds that Mr. Hutley was incapable of making a will at the time it was executed, and it is, accordingly, made void.

We have nothing to do with the legal bearings of the case, but we have to express our great concern at the revelations respecting the part played by Dr. Timms in the affair. As the medical attendant of Mr. Hutley, he was bound to protect him from all harmful influences, and no one can pretend that marriage to a woman of half his age is to be recommended to a patient suffering from symptoms of softening of the brain, and partial if not complete imbecility. This is bad enough; but Dr. Timms seems to

have not merely taken an active part in making his patient go through at least the legal portion of the marriage ceremony, for his interest in the newly-married couple was so great that his intimacy with Mrs. Hutley, at least, soon became of the closest description. Dr. Timms, in the witness-box, denied that he had "made love" to Mrs. Hutley before her husband's death, but was obliged to confess a kiss administered ere the days of widowhood had begun, and for aught we know to the contrary, repeated *nocte maneque* as a species of composing draught. At all events, he was engaged to the fair widow within a month of her husband's decease, and, as we have said, made her his wife at the end of a three months' mourning.

If conduct like this were not held up by the organs of medical opinion as a warning to all members of our profession, the public might very reasonably begin to experience some loss of that confidence in their medical attendants which is so generally reposed in them. We can imagine nothing more detrimental to the well-being of society than that husbands and fathers should begin to dread the visits of their doctors to the female members of their families, and it is in order to express publicly what we know to be the general feeling of the profession on this painful case that we have most unwillingly remarked upon it. We have reason to know that litigation is by no means at an end in this case, for at the present moment, Mr. Hutley having been declared to have died intestate, Mrs. Timms is entitled as widow to one half his personalty—probably more than she took under the will. Steps will immediately be taken to prove Mr. Hutley's incapacity for matrimony, so that, the marriage being declared void, the previous will may become valid.

WEST COAST ARMY MEDICAL OFFICERS.

MR. RAIKES lately asked a question in the House of Commons having special reference to medical officers serving on the West Coast of Africa. This question involves a principle of considerable importance, although in this instance it affects only a small number of officers. It is well known to those interested in the question that, according to the medical regulations of 1859, every year of service on the coast counts as two years for promotion and retirement, and that any medical officer who has volunteered for service of this special kind may be removed to the staff, or to a line regiment, after three years' actual service on the coast. Many men, induced by these offers to volunteer for work in probably the most miserable military stations in the world, joined that which used to be called the Gold Coast Corps, and many have died at their posts. But it appears that, according to the interpretation of the present War Secretary, the Government is enabled to refuse the rank of surgeon-major to officers who have completed twenty years' service, including double service for Africa. If this principle obtains, and is acted upon, some twenty or thirty men, who have risked health and life, will be deprived of one of the boons that induced them to volunteer for such a service.

The War Minister's course appears to have been based upon the following kind of reasoning. The Medical Warrant of 1858 does not mention or allude to the African surgeons. The "Medical Regulations of 1858" is the original document—the Magna Charta of the African medical service, and the "double service" is limited to "promotion and retirement." According to these Regulations, promotion certainly appears to mean advancement from assistant-surgeon to surgeon, for no allusion whatever is made to surgeon-major. The War Office Warrant of 1866, for regulating pay and allowances, states that each year on the Coast is to count as two years of ordinary service, but not towards increased pay, and the title of surgeon-major necessarily entails an increase of pay. The Warrant of 1867 is the first *medical* warrant recognising the special advantages of the African medical service, and it lays down explicitly what is said to have been the original intention, that advancement to surgeon-major is excluded. Assistant-surgeons serving on the Coast obtain their promotion to the rank of surgeon (and rightly so) much earlier than medical officers of the general service; but if the double service is to count as full-pay service, entitling to the style of surgeon-major after twenty years, the senior surgeons of the general service, who have served in all climates, would be regularly superseded by African surgeons of two-thirds of their length of service. This supersession would cause great discontent in the general service, and it therefore behoves the Minister for War to be quite sure of the legal rights of these medical officers. Whatever may be the misapprehension, it is discreditable to the authorities that any such should have arisen. It is due to the very loose and ambiguous way in which the regulations and warrants have been worded, and by which these medical officers have been made the sufferers.

We shall recur to the subject more fully on a future occasion, for Mr. Raikes has given notice of a resolution on it.

QUEKETT MICROSCOPICAL CLUB.

THE annual conversazione of this Club took place at University College on Friday evening, and was attended by a very numerous assembly of members and visitors.

The objects exhibited under the microscopes comprised specimens from nearly every branch of microscopical science, and evinced by their novelty an evident desire on the part of the members to cultivate every source likely to yield instruction. Amidst so much to attract attention, it is impossible to make a selection; we may therefore merely remark that amateurs and professionals were equally assiduous in contributing to the general entertainment of the company.

The whole process of micro-photography was demonstrated at frequent intervals by the Messrs. Solomon, the actinic influence being derived from their new magnesium lamp. Mr. Apps exhibited some large Gassiot's Cascades and Geissler's Tubes, illuminated by his celebrated induction coil; and Mr. James How displayed Dr. Maddox's micro-photographs and some views of Swiss scenery, &c., by the aid of the oxy-hydrogen light. The meeting may be described as eminently successful.

LIGATURE OF ARTERIES IN AMPUTATIONS.

IT is a matter of regret that this important subject, which was brought forward by Mr. Callender at the Clinical Society on Friday evening last, was so very feebly discussed, or rather not discussed at all, owing, partly, to the absence of the surgical element, and also to the intensely somnolent and apathetic condition of the members. The paper was brought forward to show the success of the ligature as compared with that resulting from torsion and acupressure; and as notes of cases in which torsion was employed have already appeared in our columns, as read by Mr. Cooper Forster at a former meeting of the Clinical Society, we are glad to record an abstract of the cases treated by ligature, as quoted by Mr. Callender on Friday last. It is probable that the question will be fully discussed at a future meeting of the Society. Amputation of thigh—21 cases, 3 deaths; of leg—20 cases, 3 deaths; of arm—3 cases, 1 death; of forearm—2 cases, no death. Total number of cases, 46; ditto of deaths, 7; or 15·2 per cent.

GOVERNMENT INQUIRY AT EASTBOURNE.

WE are enabled to give the result of the Government inquiry at Eastbourne, as to the alleged prevalence of fever there, and its causes. Dr. Thorne Thorne's Report proves most incontestably that in Eastbourne there are the conditions which are usually found in towns where typhoid fever prevails: polluted water-supply to parts of the district, water-closets without water, sewers badly ventilated, house cisterns communicating directly with the sewers by means of the waste-pipes,—these are the conditions pointed out as causes of sickness at Eastbourne.

The badness of the ventilation of the drains is the result of endeavouring apparently to cram as much charcoal as possible, and as small as possible, into the receptacles made to hold it in the ventilators; thus turning a thing which was intended to be of great benefit into an effectual stopper of the ventilators. The result must naturally be that the sewer gas makes its escape into the houses.

The action recommended by Dr. Thorne Thorne for remedying this state of things is as follows:—The water from the Waterworks to be carried into every house, and all polluted supplies to be abolished; water-closets to be properly supplied with water; drinking water to be drawn directly from the mains; waste-pipes from cisterns not to communicate directly with the sewers.

The Inspector also expresses doubts whether the charcoal ventilators can be safely continued; and if they are continued, it is imperative that the charcoal used in them should be of larger pieces than have hitherto been used, and should be much diminished in quantity; and that great care should be taken to see that the ventilation of the sewers is not in the least obstructed.

THE BIRMINGHAM GUARDIANS AND THEIR MEDICAL OFFICERS.

SOME attempt has been made to repudiate the statement we made a few weeks ago, to the effect that the medical officers had been sent for and told that if not prepared to accept their offices at their present salaries, they need not trouble themselves to apply. It is said that the chairman and vice-chairman had usurped the functions of the board. Those gentlemen were both conveniently absent, and the board proceeded to make the appointments. It appears there were six applicants, who, being called in, were asked a number of questions as to their satisfaction with the duties and their pay. The answers do not appear to have been particularly satisfactory, and it was only when pressed that one of them offered to hold office again on the same terms. It is evident, also, that the guardians had had enough of Mr. Hoare, a gentleman who had been in their service as district medical officer two-and-twenty years. He was accused of being extravagant in giving nourishment to the sick poor, and his defence was, that the extra expense so incurred was almost counterbalanced by the saving in coffins. Mr. Hoare should remember that the guardians are less careful on that point since the expenditure is at least final. Can nothing be done to avert this great scandal?

SMALL-POX IN PARIS.

THIS dangerous malady is still very prevalent in Paris, no less than 80 deaths having taken place last week from this affection. Revaccination from the cow itself is said to be all the rage in that city; it is, however, to be regretted that compulsory vaccination has not yet been established by the Government, as we find, from official sources, that 270 persons died from this disease in the Paris hospitals during the year 1869.

THE SINEWS OF WAR.

A MEMORIAL with ten thousand signatures cannot be carried through to its triumphant issue without some expenditure. Dr. Bell Fletcher has issued a circular showing that the Memorial of the Medical Reform Union has cost up to this time £450. Towards this sum £173 19s. 7d. has been subscribed, leaving a deficiency of £276 still to be made up. This is a sum that will soon be defrayed if every one who has signed the Memorial will contribute. We hope that not only will this deficiency be made up, but that £500 will be left in the hands of the promoters of the Memorial. This can be done if every signer of the Memorial will send half-a-crown to the treasurer, Mr. Arthur Oakes. Nothing will so effectually convince Parliament of the earnestness of the profession in this matter, and so well encourage those who who have taken so much trouble, as a prompt response to Dr. Bell Fletcher's application. The sum needed is a small one, and the result gained may be a great one. Never perhaps before has there been such an auspicious coincidence of a harmonious profession and a sympathetic Government. The opportunity is one that we should not let slip.

THE "DREADNOUGHT."

THE authorities of the Seamen's Hospital Society are actively engaged in preparing for removal, and it is probable that the *Dreadnought* Hospital Ship will be vacated during the ensuing month. Rumours exist that the old vessel is to be utilised as a training or reformatory ship, but we trust that the Admiralty, under the advice of their Medical Director-General, will see the wisdom of not granting her to any Society for such a purpose. It is well known to the professional staff of the *Dreadnought*, both past and present, that, after a ship had been inhabited by the clients of the Society for a certain number of years, wounds did badly, and hospital gangrene prevailed. On this, as well as on other accounts, the "habitat" of the Society has been changed no less than three times, H.M. *Grampus*, *Dreadnought*, and *Caledonia* having been successively lent by the Admiralty. Any utilisation of this ship (which has now been used as an hospital for thirteen years) for the purposes indicated above is, therefore, strongly to be deprecated.

PRESENTATION TO MR. BRADY, M.P.

A THOROUGHLY well-merited compliment was paid on Saturday, the 12th inst., by the Council of the College of Surgeons of Ireland, to John Brady, Esq., the member for Leitrim. The honourable and learned gentleman, it is well known, exerted himself most ably and successfully during last session of Parliament in carrying the Medical Superannuation Act, authorising Boards of Guardians to grant superannuation allowances to medical officers, who, by pressure of age or other infirmity, are no longer equal to the discharge of their duties. This boon to the profession in Ireland Mr. Brady has already taken steps to have extended to England, thereby earning the gratitude of his medical brethren in a still larger portion of the kingdom. On Saturday, the Council of the College met in the board-room, when Mr. Brady, having been introduced to the President, Mr. Rawdon Macnamara, was addressed by that gentleman in complimentary and graceful language, and thereupon presented with the diploma of Honorary Fellow of the College. Mr. Brady made an appropriate acknowledgment of the high distinction conferred upon him, expressing his deep sense of the gratifying position in which he had been placed by the proceedings of the day. In the evening he was entertained at dinner in

the Albert Hall of the College, by the Council of the Irish Medical Association, when a renewed expression of thanks to him for his services to the cause of the profession was made by the chairman, Dr. Martin of Portlaw. Mr. Brady again made an earnest and effective reply, after which the toasts grew general, and those of Dr. Beatty, in connexion with the Royal College of Physicians, and of Mr. Macnamara, in connexion with the Royal College of Surgeons, formed the more attractive features of an entertainment which our Irish friends know how to manage so well.

THE ELECTION AND OFFICE OF CORONERS.

THE Bill now before Parliament provides for a most desirable alteration in the law touching the election of coroners for counties. Now the election rests with the freeholders in counties and divisions of counties. The inconvenience of this is very great. There is no recognised list of freeholders, and after any given election there is room for endless dispute as to the legality of votes. A very sad and costly illustration of this has quite recently occurred. According to this Bill, coroners in future will be elected by "such resident freeholders only, of the county, riding, division, or district, as are on the parliamentary register of such county, riding, division, or district, for which such election of coroner is to take place." There are some other important clauses in the Bill. Clause 3 provides that the coroner, if dissatisfied with the schedule of fees, allowances, disbursements, &c., to be paid by him on account of any given inquest, which schedule is made by the justices of the peace, can apply to her Majesty's principal Secretary of State, who is authorised to revise and alter the allowances as he shall deem right. This is a most just clause. It often happens that a full investigation into a case is hindered or prevented because the coroner knows that the requisite fees—say to a chemist or toxicologist—would not be allowed by the justices. Other clauses provide a superannuation allowance to coroners; that coroners shall make annual returns of inquests to the Secretary of State, and that county coroners shall be paid salary on an average of the past five years. On the whole, the Bill is to be approved and supported.

SEAMEN'S HOSPITAL, CARDIFF.

THE annual meeting of this institution (which is established on board her Majesty's ship *Hamadryad*) took place a few days ago. The Report shows that 1214 cases, including out-patients, have been treated during the past year, at a total cost of £1426. The sanitary state of the ship appears to have been remarkably good, for it was announced by Dr. H. M. Dixon, the resident medical superintendent, that thirty cases only had ended fatally, and that the mortality from fever was but 1 in 38. This result is very satisfactory, though we cannot on that account allow that a ship is by any means a good habitation for the sick. We are glad to record that the Committee acknowledged the services of their medical officer by a cordial and unanimous vote of thanks, a kind of compliment not always paid to the stipendary staff of our public hospitals.

"HOSPITAL SUNDAY."

WE are informed that at Chesterfield a meeting has lately been held of the clergy and ministers of religion, at which it was unanimously resolved to appoint the third Sunday in January every year for congregational collections in aid of the Chesterfield and North Derbyshire Hospital.

At Carlisle a public meeting was held last week, when a committee was appointed to make the necessary arrangements for collections on the third Sunday in May next. The committee has for its chairman the Bishop of Carlisle; its secretary is Dr. Henry Barnes, and there are two representatives, one medical and one non-medical, for each of the participating charities. It was at first intended that the plan should be limited to Carlisle and its neighbourhood, but the cordial support of ministers of religion outside the city has led to the extension of the plan so as to include the congregations and the charities of Cumberland and Westmorland. "Hospital Sunday" then will be a county institution in these two northern shires, and we can but hope that their good example will be followed in counties nearer home. Perhaps it would be if any of our southern Bishops were actuated by those feelings which have prompted the Bishop of Carlisle to identify himself with the movement.

TESTIMONIAL TO MR. BOUTFLOWER.

WE have to record the presentation of a very handsome service of plate, of the value of 200 guineas, to Mr. John Boutflower, of Manchester, in acknowledgment of his forty-four years of service as surgeon to the Salford and Pendleton Royal Hospital and Dispensary. About 400 guineas had been subscribed, and the remainder of the money is to be devoted to the purchase of an illuminated album for signatures, and to a portrait of Mr. Boutflower for the institution. The proceedings, which are reported at length in the local newspapers, seem to have been of the most gratifying character; and we heartily congratulate Mr. Boutflower upon this public testimony to his professional skill and great personal worth.

EXCISION OF THE SCAPULA, WITH PRESERVATION OF A USEFUL ARM.

DR. SCHUPPERT, of New Orleans, has recorded an interesting case of removal of the entire scapula, with preservation of the arm, which presents some unusual features. The disease for which the operation was undertaken was a large tumour, for which the woman had already undergone three operations. The excision was performed on March 30th, 1868, by dissecting off the skin, dividing the acromion process, and opening the shoulder-joint. The scapula was then lifted up by the glenoid cavity, and detached from the ribs by keeping the knife close to the under surface of the tumour. The patient made a perfect recovery, and the account in the January number of the *New Orleans Journal of Medicine* is illustrated by four excellent photographs, showing the different positions the arm can be made to assume at will. The tumour weighed six pounds, and was an example of ossifying enchondroma. We may refer our readers who may be interested in this operation to the very able *résumé* of the whole subject published by Dr. Stephen Rogers, of New York, in the *American Journal of Medical Sciences* for October, 1868.

THE BRIGHTON AND HOVE PROVIDENT DISPENSARY.

WE have been favoured with accounts of the annual meeting of the subscribers to this institution. It is clear that, with the growing disapproval of purely charitable and gratuitous medical advice to the working classes, provident dispensaries must have a fair trial. In this dispensary, the balance-sheet, in respect of the members' fund, showed receipts of £226 18*s.* 11*d.*, which was the sum paid to the surgeons; the receipts of the governors' fund amounted to £118 15*s.* 7*d.*; the expenditure out of this fund was £119 19*s.* 4*d.*, leaving a balance of £1 3*s.* 9*d.* due to the treasurer. The number of patients admitted for the year 1869

was 320; there remained on the books on Dec. 31st, 1792. We are not told what the surgeons, who are five in number, had to do, but they seem to have received about £45 per head. The following are the terms:—"A single member's subscription is 1*d.* per week. For a family: the husband 1*d.*, the wife 1*d.*, one child ½*d.*, and all the other children under twelve years of age ½*d.*, making 3*d.* per week for the whole. Domestic servants are admitted on the payment of 2*s.* 6*d.* half-yearly." At the meeting Dr. Stephens expressed dissatisfaction that the institution had not progressed commensurately with the population. There were complaints that the neighbouring dispensary (not provident in its principle) was too indiscriminate in regard to the objects of its charity. The friends of provident dispensaries are only right in asking that more care shall be taken in hospitals and dispensaries to exclude persons who can, with the slightest forethought, make medical provision for themselves.

A STUDENTS' PETITION TO THE LORD PRESIDENT.

THE medical students of Queen's College, Birmingham, have petitioned the Lord President. The prayer of their petition is that his Lordship will, in the Bill which he is about to introduce into Parliament, make provision for the institution of an Examining Board which, whilst it shall be distinct from the corporations, as at present existing, shall be enabled to give to candidates a licence to practise all the branches of the medical profession without the necessity of going elsewhere. The example of the Queen's College students might be advantageously followed by all students. They have a deep interest in questions that are likely to be settled in the course of the next few weeks or months.

ABORTION AT SHEFFIELD.

WE find in the Sheffield papers accounts of inquests that have been held upon the bodies of a young woman named Hobson and her illegitimate male child. It was not legally proved, but seemed to be probable, that the deceased woman had been operated upon for the purpose of inducing premature labour. The cause of death, as shown by a post-mortem examination, was pyæmia, produced by the retention and decomposition of a portion of the placenta; and the medical witness, Mr. Booth, deposed that the operation for inducing labour had done no structural injury, and had been "beautifully" performed. He added, what was far more important, that "operations for the purpose of procuring abortion were much more common in Sheffield than many would be inclined to suppose. He could get thirty cases a week easily if he were inclined to do that sort of work." If this be true it is surely time that the attention of the police and the magistracy should be called to the subject.

REMOVAL OF FEVER PATIENTS.

MR. GOSCHEN made but a very lame reply to Mr. J. Talbot, when he asked whether in Westminster the fever carriage was drawn by men to the Special Fever Hospital at Hampstead, and whether they arrived there in a state of complete exhaustion. It appears that the paupers rather like the job, as they get sixpence and an outing. But nothing was said of the condition of the patients. We should like to know what provision was made for them while they were dragged so wearily from Westminster to Hampstead. Such a journey was enough to imperil their lives, and we must be thankful that publicity is more powerful than Mr. Goschen, since it means prohibition of the practice. The guardians have happily under consideration a speedier mode of transit.

CONFERENCE ON OUT-PATIENT ADMINISTRATION.

WE beg to remind our readers that the Conference will be held at the rooms of the Medico-Chirurgical Society on Thursday evening next, at eight o'clock, Sir William Fergusson in the chair. Although invitations have been specially issued to the staffs of the metropolitan hospitals and dispensaries, general practitioners interested in the subject will be admitted on presentation of their cards.

THE Executive Committee of the General Medical Council was received on Wednesday, the 16th inst., by the Lord President of the Privy Council, on the subject of the Amendment of the Medical Acts. The Committee consisted of Dr. Paget (President), Dr. R. Bennett, Mr. Cæsar Hawkins, Dr. Acland, Dr. Andrew Wood, Dr. A. Smith, and Dr. Sharpey. We are not in a position to give the details of the interview, but we understand that it is probable that a second interview between his Lordship and the Committee will take place very shortly.

WE learn that a subscription has been opened with the object of raising some lasting memorial of the late Mr. R. Taylor, L.R.C.P., of Whickham, near Gateshead, whose premature decease we noticed in our impression of the 12th ult.

AT the meeting of the Social Science Association, on Monday evening next, a paper will be read by Mr. James Lewis, "On the Practicability of Collecting and Publishing National Returns of Sickness at frequent intervals." The chair will be taken at eight o'clock by Dr. William Farr, F.R.S.

SIR RODERICK MURCHISON has received a letter from Dr. Kirk, at Zanzibar, who wrote on the 7th of February, 1870, stating that an outbreak of cholera had occurred along the east coast of Africa, and extending for some distance into the interior, which has for the present impeded the transmission of those supplies and porters to Dr. Livingstone which the Earl of Clarendon had directed to be sent to him. The loss of life has been fearful at Zanzibar, and on the coast north and south of it, and has also extended inland to Ugogo and Uniamezi; but Sir Roderick cherishes the hope that the epidemic has not reached Ujiji, on the lake Tanganyika, where the great traveller has been for some time stationed.

AT the annual meeting last week of the governors of the Devon and Exeter Hospital, the liberal offer was received from a gentleman, Mr. A. Kempe, to build at his own expense a convalescent hospital in connexion with that institution.

THE police authorities in Paris have issued a notice warning the public of the danger of using paper coloured green by arsenical compounds, and intimating to the manufacturers that in case of injury from the poison they will be liable to prosecution.

THE annual report of the Cork Fever Hospital continues to exhibit a low rate of mortality among cases of typhus; the fatal cases last year were less than 7 per cent.; while the average for the last seven years is 9 per cent., as compared with 16 per cent., the mortality observed in the London Fever Hospital during the ten years 1848-57.

DR. PHILIPSON'S return of sickness in Newcastle and Gateshead for the month of January shows that typhus prevailed there to an extent very much above its observed prevalence in the corresponding period of last year.

Correspondence.

"Audi alteram partem."

THE PROPOSED CONJOINT EXAMINING BOARD.

To the Editor of THE LANCET.

SIR,—As I perceive, from the article in THE LANCET, that some misapprehension exists as to the effect of the resolutions of the Medical Council in favour of the formation of a conjoint board of examiners in each division of the kingdom, permit me to explain what it will be, if the resolutions become law.

1. The board of examiners will be appointed, not by the corporations alone, but by the universities and corporations. Care will be taken that the modes of election, the term of service, and other points, are properly arranged.

2. Everyone who wishes to be registered as a legally qualified medical practitioner must pass the examination of this board.

3. No other examination will be necessary for registration as a medical practitioner.

4. The exact form which registration will take has not yet been decided. In the scheme of the English universities and corporations, now under consideration, it is proposed that the examination of the English conjoint board shall entitle to the membership and licence of the Colleges and Hall, without, of course, additional examination or fee. If this be carried, the old registration titles will remain as at present, and everyone will have a double qualification. Special provision will be made for university graduates.

5. The fees which the English medical student will pay for the examination of the conjoint board will be less than he now pays for a double qualification. The English corporations, especially the College of Surgeons, have acted in a most liberal spirit, for which credit should be given.

With this explanation, I think you will see that your objections lose their force; and that the resolutions really embody an efficient, as they certainly do a simple and equitable, arrangement.

I am, Sir, your most obedient servant,

March 14th, 1870. E. A. PARKES.

EXTRAORDINARY INSTANCE OF ACCIDENTAL LEAD-POISONING.

To the Editor of THE LANCET.

SIR,—The following account of accidental lead-poisoning will be deemed worthy of some notice in the pages of your journal, as well on account of its extent as of the singular mode of its production. Cases of lead colic began to be observed in this town at the end of January and the beginning of February, the symptoms being pain in the bowels, sickness, and constipation, and the blue line was distinctly seen on the edge of the gums. The occupations and residences of the affected persons soon pointed to the source of the poison. Publicans, and their lodgers, and the *employés* of a certain brewery, were the first sufferers—all drinking the same beer, and probably to a large amount. In the course of one month twenty-seven cases came under treatment, and at the same time information reached me that persons had been attacked with similar symptoms at public-houses in Godalming, Ripley, and other places, which were supplied with beer from the same brewery—in all, about eighteen cases.

As soon as the source of the mischief was recognised, I communicated my suspicions to the brewers; and, on their invitation, I inspected the principal departments of their establishment. The only circumstance that arrested my attention was the fact of some new works having been erected, and completed at the end of November last, in which red lead had been used as a cement at the insertion of pipes and taps. Although the surface exposed by it was small, and such cement is ordinarily used for the purpose, this use of red lead at once suggested the possibility of a large quantity of it having been left inadvertently in one of the utensils, although it was objected to this explanation that any such quantity would have been discovered after the first brewing, as all the tuns are washed out after every brewing. The sequel will show that my surmise was not far from the truth.

The evidence afforded by several cases of lead-poisoning, although conclusive to my mind, failed to convince the brewers that the symptoms were due to lead, or that the lead was conveyed in their beer. They required the proof of chemical analysis; and, accordingly, some samples of their beer were hastily tested for lead by myself and two other medical practitioners, but without any satisfactory result, owing to the large quantity of organic matter present.*

In the meantime fresh cases of lead colic presented themselves, and nearly every man in the brewery was laid up. I applied now to the Mayor with a view to stop the further sale of the poisonous beer which was supplied to eight public-houses and beer-houses in the town; but his worship informed me that he had no powers, either as chief magistrate of the borough, or as chairman of the Board of Health, to deal with the case. It may seem incredible, but the legal advisers of the borough were clearly of opinion that there was no enactment against the sale of beer contaminated with the metallic poisons, unless "malice" or "will" could be proved against the offenders. If such be the case, it is high time that some change were made in the law, or that the old "ale conners" were revived. An appeal to the excise officer met with no better success, because, as he said truly enough, the adulteration was not such as *to defraud the revenue*. Happily, the facts of the case got noised abroad, and public opinion soon effected what authority had failed in doing. The publicans ceased drinking their own beer; their habitual customers fell away from them, and trade was at a stand. This circumstance, together with the appearance of symptoms of lead-poisoning in their own families, roused the firm to a sense of their danger.

A thorough investigation of the premises was now set on foot, and, with the aid of medical men and engineers, the cause of the mischief was quickly brought to light. It appears that a new apparatus for cleansing barrels was put up with the other improvements, which consists of a large galvanised iron tank for holding water heated by waste steam. The man-hole in this tank having been found to permit the escape of steam, the cover was luted with red lead on several occasions, and this operation was performed with so little care that a large quantity of the red lead had fallen into the tank; and, when it was examined lately, as much as three pints of a red mud-like sediment were collected, which consisted chiefly of red lead and zinc plating. The water in the tank, when submitted to the sulphuretted hydrogen test, yielded abundant traces of lead. It was evident, therefore, that barrels in the course of being cleansed by this process, would receive a large charge of lead, from the water holding lead in solution, and perhaps mechanically suspended in it.

As soon as this discovery was made, the brewers called in all the stock in their tenants' hands, and are now supplying beer from other breweries. Samples of beer that had not been in barrel have been sent to an eminent analyst in London, with a view to ascertain that no other source of contamination exists than that already discovered. It is to be hoped, also, that due precautions will be taken to rid the barrels and casks of any lead still adhering to them, and that the entire stock of beer will be thrown away, full publicity being given to all such proceedings.

A lesson so important to brewers should not be confined to a single neighbourhood, and through the instrumentality of your journal it may serve as a warning to all.

I am, Sir, your obedient servant,

Guildford, March 11th, 1870. HENRY S. TAYLOR.

* Since the above was written, my friend Mr. Schollick, surgeon, of this town, has completed his analysis of samples of both beer and porter, and has found distinct traces of lead in the former, though not in the latter.

MODERN MONSTER ASYLUMS.

To the Editor of THE LANCET.

SIR,—Your impression of the 12th of this month contains the following passage:—

"We think that Lord Shaftesbury might be better em-

ployed than in writing to *The Times* to exult over the disgrace and punishment of men whose faults are greatly the result of the defects of the system that the Commissioners in Lunacy administer, and that they make no effort to change. The rib-breaking attendant is the natural growth and product of the modern monster asylum."

This is a serious charge, and one that may mislead the public. For myself I have to say that, during more than thirty years, I have, in everything that I have said or done on this subject, protested against all such monster asylums, and have urged 300 as the utmost number that ought to be admitted into any building or range of buildings. The records of this office will show that the Commissioners have never ceased to use such limited powers as Parliament has entrusted to them to prevent the formation and increase of these enormous establishments.

As you have mentioned me by name, you will, perhaps, be so good as to put this reply in as prominent a place as the leading article which contains the charge.

I am, Sir, your obedient servant,

Office of Commissioners in Lunacy, Whitehall-place, March 14th, 1870. SHAFTESBURY.

*** We never supposed that Lord Shaftesbury, or any other sane man at all conversant with the questions at issue, was in favour of monster asylums, which are simply the result of a combination of parsimony with ignorance. We complain that his Lordship, having certain official duties ready to his hand, has failed to do them with his might. As President of the Lunacy Commission, and a peer of Parliament, it was for him, not feebly to protest in official documents, or to be content with the use of "limited powers," but to make his voice heard in the councils of the nation, and to demand powers co-extensive with his responsibilities. The faint censure of the Lunacy Commission has been the support of asylum abuses, at a time when adequate denunciation would have rendered these abuses impossible.—ED. L.

SEQUEL OF A CASE OF SUCCESSFUL OVARIOTOMY,

PERFORMED IN THE FOURTH MONTH OF PREGNANCY, AFTER RUPTURE OF THE CYST AND PERITONITIS.

To the Editor of THE LANCET.

SIR,—In THE LANCET of 18th September, 1869, is recorded a successful case of ovariotomy, performed by Mr. Spencer Wells, in the fourth month of pregnancy.

The patient went to Ramsgate on the twenty-eighth day after the operation, in good health, and whilst there was attacked, in the month of September, with diarrhœa, accompanied by an unusual amount of rather persistent abdominal pain. She was not fully relieved of this until the third week of October, and after recovery became the subject of catarrh, in the early part of November. At the end of November, the external saphena of the right leg near the knee became inflamed. Both saphenæ of the right lower extremity, being on the side from which the ovary had been removed, were varicose, and the phlebitis extended gradually upwards to the junction of the saphena and femoral veins, and downwards to the foot, until all the branches were more or less affected. The veins were not all inflamed at once, but in succession. There was a series of attacks, lasting altogether about ten weeks, and affecting portion after portion; as one part got well, or nearly so, another becoming inflamed.

About one o'clock in the morning of 18th February, her full time having come, she was seized with labour pains, and in a little more than four hours I delivered her of an average-sized male child. She had a more than usual amount of after-pains, followed by slight febrile disturbance, during the first week after delivery, and cough. But the discharges were free, there was very little abdominal tenderness, she had fair pulse, took nourishment well, kept up her good looks, and was cheerful. Since then she had gone on nicely. The phlebitic limb recovered its form and size. There was slight hardness in the course of the tortuous internal saphena for about the length of six inches, and a little extra slightly-coloured discharge from the vagina, when I saw her last, on the 7th March.

I am, Sir, your obedient servant,

March 14th, 1870. H. BATEMAN.

ACUTE ORCHITIS: ITS CURE.

To the Editor of THE LANCET.

SIR,—With every respect for my friend Mr. Henry Smith, I take the liberty to record my opinion that if he were unfortunately the subject of acute orchitis, I do not believe he would allow his testis to be cut, even although the operation were to be performed by his august senior, Sir William Fergusson, Bart. Mr. Smith may rest assured that the generality of people have a great objection to having their testicles cut. I know I would not allow the operation to be performed upon myself, more especially as there is a much simpler method of curing this painful malady.

For nearly thirty years, whilst I was acting surgeon to the West Kent Hospital, I cured many scores of cases of acute orchitis by the following simple remedies—viz., the administration of one drachm of the tincture of hyoscyamus four times a day, and a smart purgative (half an ounce of salts) every morning. Under this treatment the patients were able to follow their ordinary employment, and the cure was usually effected in a week, ten days, or a fortnight.

I am, Sir, your obedient servant,

FREDK. FRY, F.R.C.S.,
Consulting Surgeon to the West Kent Hospital, Maidstone.

Maidstone, March, 1870.

THE CHLORAL HYDRATE.

To the Editor of THE LANCET.

SIR,—Following the suggestion of Dr. J. Swift Walker, contained in your number of Saturday last, I may state I have a patient suffering from cancer of the uterus, and that she has found more relief from pain, and obtained more sleep, since she has taken the hydrate of chloral, than she did from any other remedy. She has taken *three*-drachm doses of the syrup prepared by Messrs. Ferris and Co., of Bristol (see THE LANCET, Feb. 19th, 1870), and does not complain of any unpleasant taste.

I remain, Sir, your obedient servant,

CAMBRIDGE C. COCKS, M.D.

Ross, Herefordshire, March 14th, 1870.

BIRMINGHAM.

(FROM OUR OWN CORRESPONDENT.)

MR. OLIVER PEMBERTON and Mr. Vincent Jackson have recently shown two capital cases of excision of the knee-joint and the os calcis respectively. Mr. Pemberton's patient, a young man aged nineteen, was admitted into the General Hospital with chronic disease of the knee-joint with dislocation. The patella was removed, and the articular surfaces to an inch and a half. The anterior splint applied just after the operation was not displaced for five weeks, when the wound was healed. A week later the patient was up, and walking, with bony union. The patient gets his living in a work-yard at this time. Mr. Vincent Jackson operated on his patient, a young woman aged nineteen, in the South Staffordshire Hospital at Wolverhampton on the 26th September last. He removed the whole os calcis, for central caries, by Holmes's method. The patient left the hospital on the 26th of January, and she appeared before our Pathological and Clinical section lately. The cicatrix is sound, the movements of the ankle are perfect in every direction, and the limp in walking is not very perceptible.

Four cases of lithotomy at the Queen's Hospital during the past month deserve brief mention. Mr. West removed a large phosphatic stone from a boy ten years of age. The wound was quite healed on the twenty-first day. Mr. Furneaux Jordan had two cases. He removed a moderate-sized

lithic-acid stone from a boy aged five. In fifteen days he began to hold his urine, and it all came the right way on the eighteenth day after the operation. Mr. Jordan's second case was a very formidable one. The stone, lithic acid, with slight phosphatic coating, weighed twenty drachms and a half, and measured two inches and a half in length and two inches in breadth. Not a bad symptom followed the operation, which in all the cases was the lateral. Mr. Sampson Gamgee's patient, a man forty-four years of age, had suffered severe urinary symptoms for seventeen years, and nine years ago had several fistulæ in perineo. Complete relief and rapid convalescence have followed the extraction of the calculus (phosphatic), which weighed twelve drachms and forty-four grains, and measured two inches in length, and one inch and a half in width. In commenting on the case to his class, Mr. Gamgee remarked that he had performed lithotomy in the male thirty-three times without a death.

Professor Lister's carbolic-acid treatment cannot be said to have found much favour here, but a case exhibited at the last meeting of the Midland Medical Society seemed to testify a good deal in favour of the Edinburgh professor's plan. On the 3rd of January last a man, aged thirty-five, was admitted into the Queen's Hospital with a comminuted fracture of the middle, ring, and little fingers, the result of gunshot injury. Chloroform was administered, and Dr. Jolly removed the shattered fingers, and the ends of the metacarpal bones. A good sound cover was obtained by a short semilunar flap from the dorsal and palmar aspect of the hand. Torsion was employed, and, after all oozing had ceased, the wound was freely swabbed out with a mixture of four parts of linseed-oil to one of carbolic acid. The flaps were immediately brought together at every part by six points of silver suture, one-eighth of an inch from each other. A piece of thin muslin, dipped in the same solution of carbolic acid, was then applied over the stump, and over that, to the extent of four inches square, a putty consisting of carbolic acid, linseed oil, and whiting, spread between layers of lint. A gutta-percha splint, accurately adjusted to the stump and forearm, as far as the elbow, was put on over the dressing, so as to form an external shield to exclude air and keep the muscles of the forearm and hand at perfect rest, elbow bent, hand pronated and raised. The patient slept nearly the whole night after the operation, and expressed himself as comfortable the next morning. After the first twenty-four hours the outer dressing of carbolic putty was changed daily, but the inner one was left undisturbed until the tenth day, when the whole of the dressing was removed. With the exception of half an inch at the outer margin, the whole of the wound was healed, and there was no inflammation or suppuration, only a little serous discharge. The sutures were removed, union maintained by strips of adhesive plaster, and the man left the hospital with a perfect cicatrix within the fortnight from date of operation. No plastic operation could exhibit more perfect union. How far was the result respectively attributable to—(1) very accurate coaptation by metallic suture; (2) exclusion of air; (3) absolute rest; (4) rare dressing; (5) carbolic acid?

"Movement, Friction, and Electricity" was the title of a communication by Mr. Sampson Gamgee to the Midland Medical Society. He maintained that, unquestionable as is the power for good of rest, position, and pressure in the treatment of joint diseases, a great deal of mischief results from their being too long persisted in. Amongst the evil consequences are wasting and degeneration of muscles and bones, and immobility of joints, which might be obviated if electricity were employed sufficiently early to keep up nutrition. This end is promoted by friction, which likewise acts powerfully in promoting the absorption of plastic deposit. Cold and hot water douching, and movement of stiffened joints, were subsequently dwelt upon, and illustrative cases quoted in support of the plan of treatment.

Birmingham, Feb. 28th, 1870.

THE WELSH FASTING GIRL PROSECUTION.

THE magisterial inquiry in this case, after lasting nine days, was concluded on Monday last. After some formal evidence, Mr. Coleridge proceeded to sum up the facts elicited during the examination of witnesses, and submitted that a clear case had been made out against the defendants. After a short consultation, Mr. Fitzwilliams said the Bench were of opinion that there was no case against the medical men, and they would not call on their legal advisers to address them. The magistrates, however, were of opinion that the case was very strong against the girl's father, and they intended to commit him, but they should be very glad to hear any reasons which Mr. Bishop might advance against the committal of the mother. Mr. Bishop then addressed the court on behalf of Mrs. Jacobs, and argued that throughout the whole affair she acted under the control of her husband. On the conclusion of Mr. Bishop's remarks the Bench committed the father and mother for trial at the next assizes, but intimated they were willing to take bail—the husband in £100, and two sureties of £50 each for the appearance of himself and wife.

Obituary.

DR. MACLOUGHLIN,

MEMBER OF THE LEGION OF HONOUR.

THE late announcement of the death of this gentleman calls for a passing remark. Dr. Macloughlin's name was very frequently before the public in connexion with some eccentric views held by him in regard to certain diseases. He maintained that an attack of cholera was invariably preceded by a curable stage of diarrhœa, and that many medical officers were alike ignorant of its pathology and culpable for a large amount of the mortality attending it. He always stoutly averred that there was no such thing as a syphilitic virus or enthetic disease, and that what were called the manifestations of syphilis were but the results of mercury and bad treatment. It was the publication of a pamphlet by him on this subject, containing charges against the medical services, that in some measure led to the appointment of the committee of which Mr. Skey was the president. He was, on these subjects, quite impervious to argument, and, in the face of facts, he went on writing letters to the authorities, in which he reiterated again and again the same ideas. Dr. Macloughlin was a member of the Legion of Honour. He was formerly in the British Army, having entered it as hospital mate in 1811, and retired on half-pay in 1818, when he practised in Paris. He was gazetted to full pay in 1824, but for some reason refused to serve under the late Sir James M'Grigor, and was consequently dismissed. He served in Portugal, Spain, France, and the Netherlands. It was well known that he always regarded his compulsory retirement from the army as an injustice, and this feeling evidently rankled in his mind, and perhaps influenced his conduct towards the military authorities. Dr. Macloughlin was a fine, hale old man, and, apart from his hypotheses in medical matters, he was a very worthy as well as an energetic and accomplished man.

EDWARD WITHERS MINTER, M.R.C.S., L.R.C.P.

IT is our painful duty to record the death of this gentleman at the early age of twenty-two.

Mr. Minter was born at Woodford, in Essex, and educated chiefly at Queenswood College, in Hampshire. In October, 1864, he became a student in medicine at University College, where he distinguished himself by taking a gold medal, and several certificates of merit. After finishing his curriculum he was elected physician's assistant to Sir W. Jenner, in University College Hospital, and under the clinical tuition of that able physician, he became well qualified for entering on the duties of a professional career.

In December of last year it became necessary to increase the staff of resident medical officers at the London Fever Hospital, in consequence of the great prevalence of fever, and the enormous pressure on the resources of that charity, and Mr. Minter, who was already known to be a well-qualified man, was offered the extra post. He accepted it at once, and began work with that earnestness of purpose and devotion which characterised everything he did. But duties faithfully performed in that dangerous atmosphere

require no ordinary amount of courage, and are done at no ordinary risk. The poison is everywhere; no one escapes uninjured, and few even with their lives. A month had scarcely passed before Mr. Minter took scarlet fever, which ran a favourable course for three weeks, but on the 14th Feb. an attack of renal dropsy supervened, and on the 16th pneumonia of the left lung was superadded. On the 18th he died, thus adding another name to the long list of medical martyrs. When the pneumonia set in Mr. Minter knew he was dying, and begged of his medical attendant to keep him alive till his father should have come. This, through the providence of God, was done, and the consolations of a mother's love, and a tender father's care, were not wanting at the last. From the rapid engorgement of the lung, and consequent dyspnœa, his sufferings were terrible; but he bore them with a philosophic patience and resignation which will long be remembered by those who witnessed them, as qualities so strong in him that even approaching death itself seemed powerless to destroy them. Before he died he took an affectionate leave of his parents and friends, his mind remaining clear to the last.

Mr. Minter was beloved by all who knew him, for his kind and amiable disposition; but those only who were intimately acquainted with him, and understood his true nobility of character, can estimate the loss the profession has sustained by his untimely death.

THOMAS MANSEL, ESQ., M.R.C.S.

PEMBROKESHIRE has lost an able surgeon and public servant in Mr. Thomas Mansel, who died at the town of Pembroke on the 18th ult. The deceased gentleman, after a course of study at Guy's and St. Thomas's Hospitals, became Licentiate of the Apothecaries' Company in 1823, and in 1857 took the diploma of the Royal College of Surgeons. As a general practitioner he gave high satisfaction to a numerous and influential *clientèle* in the county; while he discharged the duties of medical officer and public vaccinator to the Pembroke Union with skill, assiduity, and success. He stood so high in the confidence of the gentry and professional classes as to be appointed Deputy Lieutenant and Justice of the Peace to Pembrokeshire—offices which he held with universal approbation, in spite of an increasing practice which more than taxed the energies of himself and his assistant, Mr. J. W. Morison. No resident in the county was more generally esteemed, as none could be more poignantly regretted, than the accomplished practitioner, the able magistrate, and the genial and steadfast friend over whom the grave has just closed, in his 71st year.

DR. LAXON.

ON the 22nd ult., at his residence in Coventry, died Dr. William Laxon, in the seventy-seventh year of his age. This accomplished practitioner pursued his medical studies at St. Bartholomew's and St. Thomas's Hospitals, and became Member of the Royal College of Surgeons in 1815, and Licentiate of the Apothecaries' Company in the same year. In 1840 he graduated as Doctor of Medicine in the University of Glasgow, and exactly twenty years thereafter was admitted a Member of the Royal College of Physicians of London. He discharged with high professional ability the duties of Senior Medical Officer to the Coventry and Warwickshire Hospital, and occasionally contributed the results of his observations to the medical journals. In a wide circle of private friends and public acquaintances he leaves a blank which only a rare combination of personal virtues and professional accomplishments can adequately fill.

THOMAS GEORGE BROOK, ESQ.

THIS gentleman was one of the rapidly decreasing phalanx of surgeons who were "in practice prior to 1815." His professional field was Upper Clapton, where his useful and long-continued services will have sharpened in many a household the regret at his decease on the 19th ult., from bronchitis, at the patriarchal age of eighty-seven.

THE University of Vienna has decided to open its medical lectures and confer medical diplomas on women.

ROYAL COLLEGE OF SURGEONS.

THE following are the motions for consideration at the extraordinary Council meeting to be held on March 22nd:—

By Mr. Quain—"It is desirable that not less than four of the Members of the Court of Examiners shall be Fellows who are not and have not been Members of the Council; and that this resolution shall be carried out as soon as practicable."

By Mr. Simon—"That, for the future, in the opinion of this Council, the two offices of Examiner and Councillor of the College ought, as far as practicable, to be made disqualifications, each for the other; and that a Committee, with power to take legal advice, be appointed to consider and report to the Council as to the steps by which effect may be given to this principle, prospectively, as vacancies occur."

By Mr. Humphry—"That the Members of the Court of Examiners shall in future be elected on alternate occasions from the Fellows who are not Members of the Council; and that a Committee, with power to take legal advice, be appointed to consider and report to the Council as to the steps by which effect may be given to this principle."

By Mr. Curling—"That the Council having, by their approval of the Scheme for a Conjoint Examining Board, adopted the principle that the Examiners on Anatomy and Physiology should be distinct from those on Surgery, it is hereby resolved—That for the future the elections of Examiners on Anatomy and Physiology shall be distinct from those of Examiners on Surgery, for the Fellowship as well as for the Membership of the College."

Medical News.

ROYAL COLLEGE OF SURGEONS OF ENGLAND. — At an ordinary meeting of the Council on the 10th inst., the following Members were elected Fellows of the College:—

Brookes, Andr. G., Shrewsbury; diploma of membership dated June, 1836.
Parker, Samuel, George-street, Sheffield; diploma dated April, 1841.
Parr, Thomas, Army; diploma dated July, 1842.

APOTHECARIES' HALL. — The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on March 10th:—

Crowther, William Edwin, Lorrimore-road, Walworth.
Esnouf, Charles Amand Evariste, Mauritius.

As Assistants in Compounding and Dispensing Medicines:—

Normand, Claude, Shepherd's-bush.
Romano, Frederick William, Calthorpe-street.

The following gentlemen also on the same day passed their first professional examination:—

Martin, Richd. Johnson, Manchester School of Medicine.
Smith, William John, Sheffield School of Medicine.

THE LEVÉE.—The following were among the presentations at the levée held by her Majesty the Queen at Buckingham Palace on Friday, the 11th inst.:—Deputy Inspector-General Dr. Henry J. Domville, C.B., R.N., on appointment as C.B, by the Director-General of the Navy Medical Department; Deputy Inspector-General Dr. Robert Bernard, R.N., on appointment as Hon. Surgeon to the Queen, by the Director-General of the Navy Medical Department; Deputy Inspector-General Dr. George Mackay, R.N., on appointment as Hon. Surgeon to the Queen, by the Director-General of the Navy Medical Department; Deputy Inspector-General of Hospitals Dr. H. H. Massy, on appointment as C.B., by the Adjutant-General; Staff-surgeon John Meane, M.D., by the Adjutant-General; Dr. J. A. Dunbar, Inspector-General of Hospitals, late Bengal Army, on return from service, by the Right Hon. the Secretary of State; Dr. J. A. Guise, Inspector-General of Hospitals her Majesty's Indian Army, on return from India, by Lieut.-Gen. Sir George Bell; Dr. G. S. Cardew, Inspector-General of Hospitals, by the Secretary of State; Mr. W. Collins, Army Medical Staff, by Colonel the Hon. Dudley F. C. de Ros; Staff Assistant-surgeon W. Napier Keefer, by the Secretary of State; Staff Assistant-surgeon Dr. William Nash, by the Adjutant-General; Assistant-surgeon A. Seaman, Bengal Army, by the Secretary of State; Assistant-surgeon J. C. Wishaw, Bengal Medical Service, by the Secretary of State; Assistant-surgeon K. J. Parr, M.D., R.A., on return from India, by the Deputy Adjutant-General, R.A.; Surgeon St. John Stanley, on appointment to the 1st Batt. 25th Foot, by the Adjutant-General; Assistant-surgeon J. J. Durant, Bengal Medical Service, by the Secretary of State; Assistant-surgeon Isaac Hoystead, by Colonel Knox; Staff Assistant-surgeon Joseph Gray, by the Adjutant-General; Surgeon Thompson, by Colonel Knox, C.B.; Assistant-surgeon Albert L. Fernandes, Grenadier Guards, on appointment, by his Royal Highness the Field Marshal Commanding in Chief; Assistant-sur-

geon Olliver T. Duke, Bengal Army, by the Secretary of State; Surgeon Thomas W. Fox, M.B., R.E., on return from foreign service, by the Deputy Adjutant-General, R.E.

MICROSCOPIC SOIREE AT ST. THOMAS'S HOSPITAL.—A very interesting and instructive entertainment was provided for the students at St. Thomas's Hospital by the President of the Medical Society in connexion with that hospital. This is the second year that Mr. Croft has invited the members of the Society to a scientific evening entertainment. On Thursday, the 10th of March, the museum and library were for the time being transformed into a gaily-decorated hall, in which tables were arranged for the display of forty microscopes. All the students who had microscopes kindly lent them for the occasion. Mr. Rainey exhibited some very unique specimens, illustrating his observations on "Molecular Coalescence." Dr. Bristowe showed some injected preparations of the retina, as also some skin parasites. Mr. Croft, who was busy superintending the arrangements, showed some beautifully-tinted preparations of the spinal cord, and preparations of different parts of the eye. Under Dr. Ord's microscopes were some entozoa "all alive," from the intestine of the frog. These excited great interest. Mr. Stewart showed some of the effects of polarised light upon crystals, blocks of glass of different shapes, and some transparent photographs of natural history specimens, also polarised. Mr. Wagstaffe undertook a series of preparations of urinary deposits. Mr. Churchill confined his attention to the display of some very rare forms of foraminifera, collected by Dr. Carpenter from great depths in the "Porcupine Expedition" of 1869. Mr. Inglis showed some miscellaneous specimens, chiefly botanical.

PARISIAN THEATRES AND PARISIAN CHARITIES.—The managers of the Parisian theatres have peremptorily declined to pay to the Assistance Publique the *droit des pauvres*, or tax levied for the relief of the poor, upon their gross nightly receipts. The Assistance Publique, having seized the demanded amounts, have been sued by the managers in the law courts, where, however, judgment has gone against them. They also threaten to suspend the free list—the press not excepted. If they are compelled to make a concession, we hope it will be in the direction of maintaining their subsidy to the Assistance Publique.

BEQUESTS AND DONATIONS.—George Thomas, Esq., of Bristol, has bequeathed £2000 to the Bristol Royal Infirmary, and £2000 to the Bristol General Hospital.—Thomas Parr, Esq., of Grappenhall, Heyes, has left £1000 towards establishing an infirmary at Warrington.—The Hon. Lady Augusta F. L. F. Vernon Wentworth has bequeathed £100 each to the Beckett Dispensary, Barnsley; St. Mary's Hospital, Paddington; the Cancer Hospital, Brompton; and the Hospital for Incurables, Putney.

SCARLET FEVER AT DARTMOUTH.—The cadets of Her Majesty's ship *Britannia* have suffered from scarlet fever, imported on their return from the Christmas recess, and the patients have been housed at Sandquay, within a few minutes' walk of Dartmouth. These quarters being quite insufficient, the extra patients have been removed to two vacant houses in the town, and situated, one in a densely-peopled locality, and the other in close contiguity to dwellings on every side. This proceeding demands immediate correction, and all the more that one of the numerous hulks now rotting in the Hamoaze might at once be moored near the *Britannia* for the reception of the cases. It is by mismanagement like this that scarlet fever numbers its 20,000 victims annually.

Medical Appointments.

BUCHANAN, G., M.D., has been elected a Councillor of the Faculty of Physicians and Surgeons of Glasgow, vice J. G. Fleming, M.D., elected President.

CORFIELD, W. P., F.R.C.P.L., has been re-elected Physician to the Hospital for Consumption, Brompton, upon the expiration of his term of office, according to the rules.

CUDDEFORD, T., M.R.C.S.E., has been appointed Medical Registrar at the Hospital for Sick Children, Great Ormond-street, vice Mr. R. Stocker, whose term of appointment has expired.

CURNOW, J., M.R.C.S.E., has been appointed Resident Clinical Assistant at the Hospital for Consumption and Diseases of the Chest, Brompton, vice Mr. W. R. Smith, whose term of office has expired.

CURTIS, Mr. W. F., has been appointed Medical Officer for part of the Parish of Bedminster, Somersetshire.

DARWEN, J., M.R.C.S.E., has been re-elected Medical Officer for District No. 5 of the Parish of Birmingham.

DOWNING, E. H., L.R.C.P.Ed., has been appointed a Medical Officer for the Deptford District of the Royal Kent Dispensary.

HENDERSON, W., M.D., has been appointed Assistant Resident Medical Officer at the London Fever Hospital, vice W. R. Cheyne, M.R.C.S.E., appointed Resident Medical Officer.

HOPKINS, J. W., M.R.C.S.E., has been appointed Medical Officer for the newly formed District No. 5 of the Leeds Union.

JACKSON, J. B., L.F.P. & S. Glas., has been re-elected Medical Officer for District No. 2 of the Parish of Birmingham.

JONES, J. F., M.R.C.S.E., has been re-elected Medical Officer for District No. 4 of the Parish of Birmingham.

LANGSTAFF, H. H., M.B., has been appointed Medical Attendant to the Athlone Constabulary, vice G. Hetherington, M.B., deceased.

LEACROFT, J. W., M.B., has been reappointed Medical Officer for the Feckenham District of the Alcester Union.

LLOYD, Mr. A. E., has been appointed an Assistant Resident Medical Officer at the Leeds General Infirmary, vice Mr. H. W. Coleman, resigned.

MORRIS, F. H., M.D., has been appointed Medical Officer of Health for the Town of Swindon, vice Mr. John Gay, deceased.

ORR, R. S., M.D., has been nominated a Manager of the Glasgow Royal Infirmary, vice J. G. Fleming, M.D.

PRICHARD, A., M.D., has been appointed a Consulting Surgeon to the Royal Infirmary, Bristol, upon retiring as Surgeon in conformity with the rules.

QUAIN, R., M.D., has been re-elected Physician to the Hospital for Consumption, Brompton, upon the expiration of his term of office, according to the rules.

RAE, J., M.D., has been elected a Member of the Royal Institution of Great Britain.

ROBERTSON, P. F., M.D., has been appointed Medical Officer for New Kilpatrick, under the provisions of the "Public Health (Scotland) Act."

SMITH, Mr. W. R., late Resident Clinical Assistant at the Hospital for Consumption, &c., Brompton, has been appointed Assistant House-Surgeon at the Huddersfield Infirmary, vice John E. Chalmers, M.R.C.S.E., resigned.

SMITH, Dr. S., has been appointed Assistant House-Surgeon at the Royal Infirmary, Bristol, vice E. Ludlow, M.B., appointed House-Surgeon.

STEELE, C., L.R.C.P.L., has been appointed a Surgeon to the Royal Infirmary, Bristol, vice Steele.

SUCKLING, C. B., M.D., has been re-elected Medical Officer for District No. 1 of the Parish of Birmingham.

SUFFIELD, C. R., L.R.C.P.L., has been re-elected Medical Officer for District No. 1 of the Parish of Birmingham.

THOMAS, W. W., M.R.C.S.E., has been re-elected Surgeon to the Sons of Gomer Friendly Society, Llanfair, Montgomeryshire.

Births, Marriages, and Deaths.

BIRTHS.

BRIGHT.—On the 14th inst., at Westbourne Villas, Forest-hill, the wife of John M. Bright, M.D., of a daughter.

COOPER.—On the 10th inst., at Colne Lodge, Cromer, the wife of James Cooper, F.R.C.S.Ed., of a son.

LIVSEY.—On the 7th inst., at Welbeck-street, the wife of Robt. Livsey, M.D., of a daughter.

SWIFT.—On the 2nd inst., at Dover, the wife of B. Swift, M.D., Deputy Inspector-General of Hospitals, prematurely, of a son.

THOMAS.—On the 12th inst., the wife of J. L. Thomas, Surgeon, of St. Clears, Carmarthen, of a son.

TOPHAM.—On the 11th inst., at Rome, the wife of John Topham, M.D., of a daughter.

WARD.—On the 9th inst., at Northbourne, Chobham, the wife of Dr. Ward, of twin daughters.

WILBE.—On the 5th inst., at York Lodge, Finchley-road, the wife of R. Haydock Wilbe, M.D., of a daughter.

MARRIAGES.

GALTON—BREWERTON.—On the 10th inst., at Friern Barnet Church, John H. Galton, M.D., of Three Oak Villa, Upper Norwood, late of Foo-chow, China, to Jeannie, younger daughter of Charles Brewerton, Esq., of Walfield, Whetstone, Middlesex.—No Cards.

HAMPSHIRE—EVERETT.—On the 24th of Jan., at St. Andrews, Singapore, Dr. Frederick Knowlton Hampshire, Assistant Colonial Surgeon, Malacca Straits Settlements, to Jessie Clara, daughter of Geo. Everett, Esq.

PARTRIDGE—HARRISON.—On the 7th of Feb., at Calcutta, Theodore D'Orville Partridge, L.R.C.P.Ed., Civil Surgeon at Bustee, to Frances Naylor, daughter of E. M. Harrison, Esq.

DEATHS.

ALLISON.—On the 21st ult., William J. Allison, M.R.C.S.E., of Brighton, formerly of Ilford, afterwards of Haverstock-hill.

BALCHIN.—On the 10th inst., Richard Balchin, M.R.C.S.E., of Godalming, aged 74.

CHEVES.—On the 25th ult., at Brookfield House, Millbrook, Devonport, Robert Bruce (Robin), youngest son of Alex. B. Cheves, M.B., &c., aged 5 years.

CRADOCK.—On the 8th inst., Luke Cradock, M.D., of King's Lynn, aged 47.

GORMAN.—On the 10th inst., John Gorman, L.F.P. & S. Glas., of Rutherglen, Glasgow, aged 67.

GUAZZARONI.—On the 5th inst., John B. Guazzaroni, M.R.C.S.E., of Kensington.

HARRISON.—On the 9th ult., John Harrison, M.R.C.S.E., of Congleton, aged 33.

LEONARD.—On the 13th inst., Frederick James Leonard, Esq., Surgeon R.N., eldest son of Inspector-General P. Leonard, M.D., R.N., aged 38.

PARTRIDGE.—On the 14th inst., S. T. Partridge, M.D., of York-place, Portman-square, formerly of Barbadoes, aged 73.

Medical Diary of the Week.

Monday, March 21.

ST. MARK'S HOSPITAL.—Operations, 1½ P.M.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.
MEDICAL SOCIETY OF LONDON.—8½ P.M. Dr. Frederick Simms, "On the Treatment of Psoriasis."—Mr. Coles will make a casual communication "On Paralysis of Third Nerve."

Tuesday, March 22.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
GUY'S HOSPITAL.—Operations, 1½ P.M.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 3 P.M.
ROYAL FREE HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—3 P.M. Dr. Rolleston, "On the Nervous System."
ROYAL MEDICAL AND CHIRURGICAL SOCIETY.—8½ P.M. Dr. Chas. Elam, "On Idiopathic General Cerebritis."

Wednesday, March 23.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
MIDDLESEX HOSPITAL.—Operations, 1 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
ST. THOMAS'S HOSPITAL.—Operations, 1½ P.M.
ST. MARY'S HOSPITAL.—Operations, 1½ P.M.
GREAT NORTHERN HOSPITAL.—Operations, 2 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
LONDON HOSPITAL.—Operations, 2 P.M.
CANCER HOSPITAL.—Operations, 3 P.M.
ROYAL COLLEGE OF PHYSICIANS.—5 P.M. Croonian Lectures: Dr. Sibson, "On Aneurisms of the Aorta."
HUNTERIAN SOCIETY.—8 P.M. Dr. Peacock: "Some Experiences of an American Tour."

Thursday, March 24.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
WEST LONDON HOSPITAL.—Operations, 2 P.M.
ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 3 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—3 P.M. Prof. Odling, "On the Chemistry of Vegetable Products."

Friday, March 25.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
ROYAL COLLEGE OF PHYSICIANS.—5 P.M. Croonian Lectures: Dr. Sibson, "On Aneurisms of the Aorta."
QUEKETT MICROSCOPICAL CLUB.—8 P.M. Mr. M. C. Cooke, "On Microscopic Moulds," illustrated by Diagrams and Specimens.
ROYAL INSTITUTION.—8 P.M. Prof. Rolleston, "On the Anglo-Saxon Conquest."
CLINICAL SOCIETY OF LONDON.—8½ P.M. Dr. Greenhow: "Atrophy of Brain, with very low Temperature."—Mr. Christopher Heath: "Imperforate Anus."—Dr. Duckworth: "Keloid of Alibert."—Dr. Handfield Jones: "Fatal Epileptic Stupor."—Dr. Leared (for Dr. H. Jones): "Artificial Respiration in apparent Death from Epileptoid Fits."

Saturday, March 26.

ST. THOMAS'S HOSPITAL.—Operations, 9½ A.M.
HOSPITAL FOR WOMEN, Soho-square.—Operations, 9½ A.M.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ROYAL FREE HOSPITAL.—Operations, 2 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M.
CHARING-CROSS HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—3 P.M. Mr. Lockyer, "On the Sun."

Notes, Short Comments, and Answers to Correspondents.

EXAMINATIONS IN DUBLIN.

Observer.—Our correspondent distributes praise and blame with too much vagueness, and too much appearance of animus. The most remarkable fact which he adduces is this: He has known a gentleman to be rejected at the Dublin College (College of Surgeons?) who at the school at which he studied had obtained the first prize on each of the following subjects—viz., Anatomy, Physiology, Chemistry, Materia Medica, Surgery, and Practice of Medicine. He had also obtained the Gold Medal for the combined subjects of Anatomy, Physiology, and Chemistry; the Gold Medal for the combined subjects of Surgery and Practice of Medicine; the Gold Medal for the combined subjects of Materia Medica, Practical Chemistry, and Botany. A class-fellow of this gentleman, who had obtained the second prize on the subjects before mentioned, shared a similar fate; "while several students passed the College with flying colours, who never dreamt of reading for prizes, for the simple reason that they had not the ability to obtain them." Our correspondent suggests an examination of the examiners. It certainly seems evident that either the prizes in the above cases were awarded upon some wrong principle, or that the examinations at the College were faulty. It is possible that so much working for prizes might unfit a man for examination.

SMALL-POX AT HIGH WYCOMBE.

INFORMATION has reached us of the prevalence to an alarming extent of small-pox in this town. We have before us the report of a meeting of the united town and parish Local Boards of Health, held last week, to consider the best means to be adopted for preventing the spread of the disease, when a special Committee was formed to take the necessary steps to accomplish that object. Something was said at that meeting about the "needless alarm" which was injuring "the trade of the town;" and the *South Bucks Free Press* of Saturday last, apparently with the intention of allaying that alarm, publishes the facts of the case as they have been ascertained "from personal inquiry of every medical man." It appears, then, "that in the whole town and parish there are only 37 cases at present existing, many of which are convalescent, and only 3 of which are in any way of a serious character;" further, that "there have been only 13 deaths from small-pox, and several of these have arisen from the disease attacking women when near their confinement, and both mother and child have fallen a sacrifice." We hope we shall not be charged with exciting "needless alarm" when we say that the facts cited by the *Free Press* are eminently of an unsatisfactory character. The population of the town and parish of High Wycombe was at the census of 1861, in round numbers, 8400, and 13 deaths out of that population would represent a proportion of 1·5 per 1000. The average annual mortality from small-pox in England is ·2 per 1000; hence if these 13 deaths represented the total small-pox mortality in High Wycombe for a whole year, that mortality would be seven times greater than the average. The actual time in which they occurred is not stated; but, of course, the shorter the period, the greater the excess above the average. Something is evidently very wrong at High Wycombe; for we observe that the last two Quarterly Returns of the Registrar-General show that more than a fourth of the deaths registered from July to December were caused by scarlatina and fever.

Mr. J. F. Eccles.—Our correspondent's plan is so similar to one actually under consideration that we need not insert his letter.

Dr. J. A. Thacker's (Cincinnati) article on "Aphasia" shall be published shortly.

ON CÆSAREAN SECTION.

To the Editor of THE LANCET.

SIR,—It ought to be the object of every obstetrician to detail every particular in reference to cases of Cæsarean section, more especially so in those which prove fatal. Having already tried to place this operation in a more favourable position, I cannot help wishing to have some further information on Mr. Neilson's fatal case, and therefore, with your kind permission, I desire to ask him the following questions:—

1st. Was this her first labour?

2ndly. Was the woman in labour fifty-eight hours before the operation was performed?

3rdly. At what period of the labour was the liquor amnii discharged?

4thly. Was not the scab-looking substance which was brought away by the finger, and the dirty-looking and offensive discharge, evidences of pressure on the pelvic structures?

5thly. Was there not a clear indication as to the location of the placenta from the ascertained position of the infant, and also from the "placental sound" which is stated to have been heard?

6thly. What was the position of the uterus? And was there great obliquity of this organ, as usually happens in cases in which the pelvis is considerably distorted?

7thly. What were the measurements of the brim of the pelvis?

8thly. What was the cause of the extreme atonic condition of the uterus? Had the chloroform any influence, or did the incision extend high into the fundus?

It is very much to be regretted that no post-mortem examination was made—at least it is to be presumed so. In all fatal cases it is most desirable to positively know what is the cause of death; whether it is of an avoidable or unavoidable character.

I am anxious that Mr. Neilson should consider the above questions as asked in no spirit of censure. Yours respectfully,

Manchester, March 8th, 1870. THOMAS RADFORD.

To the Editor of THE LANCET.

SIR,—The following is an outline of Mr. Neilson's case of "Cæsarean Section":—

On the 26th of August last, Mrs. L—— engaged Mr. Neilson to attend her during her confinement, which she suspected would take place about the second week in October. She "had lateral and antero-posterior curvature of the spine." Mr. N. gave her the usual instructions about keeping the bowels open, &c. On the 2nd October labour was commencing, and it was found that the "space between the tuber ischii was about one inch, and between the tuber ischii and the coccyx only one inch and a quarter." Mr. N. expressed his anxiety about her, and explained that something very serious would have to be done. This was the Cæsarean section. On the 4th, at one P.M., labour had commenced. Chloroform was given, and a unanimous opinion delivered by all present "that their only chance lay in Cæsarean section." The abdomen was opened by an incision a little to the right of the lines alba, beginning an inch above the umbilicus, and reaching down to the pubes; in all the wound was about seven inches in length. Bleeding took place from the wound in the walls of the uterus. Twelve carbolised sutures were employed, which controlled the hæmorrhage to a great extent, but not altogether. The patient died suddenly the following morning. Mr. N. observes that, in spite of all their efforts in this case, the uterus would not contract. The cause of death is attributed probably to embolism.

It does not appear from the history of the case that the propriety of inducing premature labour on the 26th August last had ever been even considered, or any attempt made to ascertain the condition of the pelvis. The writer of this is a stranger to Mr. N.; but he would be very much gratified by learning why the induction of premature labour was not had recourse to, and the fœtus prematurely extracted by craniotomy, and whether the refusal of the uterus to contract was not due to the chloroform.—Yours, &c.,

London, March 8th, 1870. A PHYSICIAN.

THE GALWAY MEDICAL COLLEGE.

To the Editor of THE LANCET.

SIR,—We have just read the communication of your correspondent, Mr. F. H. O'Donnell, referring to the recent meeting of the students of this College, and we must say we have never on any occasion seen so many misrepresentations compressed into a single paragraph. We ask you, in justice to us, to publish the following brief reply.

Mr. O'Donnell affirms that "the meeting was held by the authorisation of the President." This is absolutely the reverse of truth. We, the conveners of that meeting, had no communication, whether directly or indirectly, with the President. We did not even summon our fellow-students to meet in or near the College; and our single purpose was, not "to gloze over" any matter whatever, but simply to take an opportunity of considering together certain opinions expressed *for*, not *by*, us all. These opinions were canvassed in a room in town entirely unconnected with the College, and the result is already known to your readers.

Again, Mr. O'Donnell states: "This *significant fact* remains. Only seventy students in all attended the meeting, the majority of them being first-year's men. The remaining students of the College, perhaps amounting to seventy more, and including most of the senior men, carefully absented themselves." By what process of mental or moral arithmetic Mr. O'Donnell arrives at these numerical results we cannot tell. All we can say is, he was not at the meeting; we were, and we counted ninety-five students there. We do not know where he ascertained the status of that assembly. We examined the College rolls, and found that there are no more than ten senior scholars. Of this number, seven were at the meeting. Still, according to Mr. O'Donnell, most of the senior men carefully absented themselves! From the same source we learn that there are seventeen graduates attending College this term, and of these, thirteen were present. Nevertheless, Mr. O'Donnell will have us believe that most of the senior men carefully absented themselves! The fact is, there were present a greater proportion of second, third, and fourth year's students than of those belonging to the first year. In short, there are one hundred and twenty-eight students, senior and junior. Of these, some are not in town at all, on account of illness; of the remainder, no less than ninety-five attended that meeting—confessedly the largest of Galway students ever assembled for any purpose. Such is the "significant fact" on which Mr. O'Donnell builds so much. Without further comment, we leave it to your readers to estimate its significance.

We are, Sir, most respectfully yours,

ROBERT F. MACSWINNEY M.A., University Gold Medallist,
MICHAEL DRUMMOND, B.A.,
BENJAMIN H. TALBOT, B.A.,
J. MULLIGAN, B.A., Hon. Sec.,
} Conveners of the Meeting.

Galway, March 8th, 1870.

To the Editor of THE LANCET.

SIR,—In your impression of March 5th, you publish a letter referring to a meeting of students held in Galway on the 17th ult. As Chairman of the meeting, I signed a report which was forwarded to your journal. I, therefore, feel bound to notice the statements in the letter. The writer, Mr. O'Donnell, says the meeting was called by the College Council, and that its object was to affirm the decisions of the latter. In reference to this I have to say that the notice convening the meeting was signed by four graduates. In justice to the students who took part in the meeting, I must say that its proceedings were not, directly or indirectly, influenced by the Council. The object of the meeting has been entirely misrepresented by Mr. O'Donnell. Certain statements had been made in your journal respecting the students, and certain opinions had been attributed to them. We met in order that we might publicly defend our characters from such attacks. In the exercise of this right we recognise no jurisdiction of the College authorities, nor was such jurisdiction claimed. When we state our belief that Mr. O'Donnell's statements are malignant falsehoods, we wish to be understood as meaning neither more nor less than that such is the opinion of the students who took part in the meeting. Mr. O'Donnell states again that only seventy students attended the meeting, chiefly first-year's men, and that the graduates absented themselves. I have already stated in the report that graduates and undergraduates attended, and that the meeting was probably the largest ever witnessed in Galway. The only answer I can give to Mr. O'Donnell would be to send to your office a paper signed by those who were present.

Mr. O'Donnell's only reply to our resolutions is then "the state of terrorism and intimidation in which we are held by the Council." I wish to answer this once for all. Admitting that the Council would act arbitrarily and unfairly, any student who may consider himself aggrieved by its acts has the right to appeal to the Visitors of the College, among whom are included the Duke of Leinster, the Lord Primate, the ex-Lord Chancellor of Ireland; and, as *ex-officio* members, the Presidents of the Royal Colleges of Physicians and Surgeons, and the Chief Secretary for Ireland. To sustain their charges of intimidation, Messrs. Melville and O'Donnell must include the Visitors. The Visitors, being a court of appeal, can only consider matters which have previously come before the College Council, and they consequently declined to investigate Mr. Melville's charges, as he did not choose to recognise the latter body. The only reason he gave for not doing so was, that his charges involved one member of the Council. Admitting, again, that this gentleman would act partially in a matter affecting himself, Mr. Melville would still have his right of appeal, and the Visitors would, no doubt, properly estimate all the circumstances of the case. I have shown that the students have no cause to fear the College Council, even were the latter a partial tribunal. I can say for the students that no taunts of "want of independence" by Messrs. Melville and O'Donnell shall induce us to speak in other than terms of respect of a body of our Professors, in whom we have always had full confidence, and whose names are a guarantee to the public that such confidence is not misplaced.

Mr. Melville has appealed from the decision of the Council respecting his letters to THE LANCET, and an investigation by the Visitors is fixed for the 30th inst.

I regret, Sir, that you have allowed the powerful influence of THE LANCET to be employed by persons engaged in unscrupulous abuse of this College and University. So long as Mr. O'Donnell confined himself to writing in a local journal, the readers of which could appreciate his motives, or in a Dublin paper, which is the organ of a University he wishes to conciliate, his statements were estimated at their proper worth.

In a pamphlet published within the last few days, written by Mr. O'Donnell, after various arguments having been adduced in favour of a Catholic University, THE LANCET is quoted as an authority to prove the "discreditable state of things" existing in this College, the want of clinical teaching and hospitals, &c. All reference to the non-investigation of the charges is omitted, as is every remark in other numbers of your journal, in which you state you can form no judgment of the facts.

I have further to regret that you have declined to insert a letter explanatory of these charges by a Senior Student in Medicine, in which any expression of opinion calculated to prejudge a case that had yet to be investigated was carefully avoided. The letter was simply a statement of facts from personal observation, and was written to induce your readers to suspend their judgment till after an investigation which was considered probable when the letter was written, and public notice of which has since been given.

I am, Sir, your obedient servant,

J. P. PYE,
Galway, March 8th, 1870. Senior Scholar in Medicine, Q.C.G.

To the Editor of THE LANCET.

SIR,—It is now nearly three months since THE LANCET called attention to the discreditable state of things alleged to exist in the Clinical School of Queen's College, Galway. As a student of the Queen's University in Ireland for seven years, as junior scholar, bachelor, senior scholar, master, I can claim to have had at least the opportunity for drawing accurate conclusions. For years I have been led by circumstances, besides, to make the working of the Queen's University an object of my especial study. The results of my observations will shortly be before the public in a work entitled "The Confessions of a Queen's Collegian." The first volume, to appear in a very few weeks, will describe the true nature of the Faculty of Arts in all its stages from matriculation to graduation. The second volume, besides touching upon several miscellaneous matters, will deal with the professional schools of the University, their real character, and assumed significance. It may be concluded from these premises that what I have deliberately expressed in reference to the Queen's University in Ireland has been no less deliberately arrived at. As my second volume cannot be published for some time, I request you to permit me to briefly relate what I am prepared to prove *by unimpeachable evidence on oath* in reference to the clinical department of the Galway College. This is conducted by four Professors. Of these, but three have hospitals of any description at their disposal. They are, respectively, Dr. Cleland, the Professor of Anatomy and Physiology; Dr. Colahan, the Professor of Practice of Medicine; and Dr. Browne, the Professor of the Practice of Surgery. The fourth Clinical Professor—the Professor without any hospital whatever—is Dr. Doherty, the Professor of Midwifery. Professor Cleland is the medical officer of the Poorhouse Infirmary. Poorhouse Infirmaries are proverbially unfit means of instruction; and the most that can be said for the Galway Poorhouse Infirmary is, that it is perhaps one of the best of its kind. On the other hand, I have always heard Professor Cleland mentioned as most strict in the discharge of his duty, and as in every way exerting himself to the utmost to render the clinical means at his disposal as useful as possible to the students. The sole means which the Professor of Practice of Medicine, Dr. Colahan, possesses of giving clinical instruction are confined to the Town Fever Hospital, of which he is medical officer, and this hospital is a practical nonentity. Upon rare occasions the number of patients has been considerable. Of late years, however, from one cause or another, extremely few beds are filled. In fact, I do not underestimate the average number of patients in this hospital for some time back when I set them down as not exceeding six or seven. At the same time it must be admitted that, as Dr. Colahan, when the wards of the hospital were crowded, did his duty manfully to his patients, so he has never omitted to do it to the best of his ability to his students. With the best of intentions, however, the clinical teacher must depend upon his means of teaching; and as matters stand in Queen's College, Galway, the Professor of Practice of Medicine must be content to remain credited with the best of intentions. Dr. Browne, the Professor of Practice of Surgery, is the medical officer of the County Infirmary, and it must be said for this infirmary that it affords, or at least might afford, somewhat more means than any other hospital in the town for the study of clinical surgery. I have heard, indeed, that as many as nine or ten cases of operation may occur in a twelvemonth. I cannot, however, be certain as to the exact average. Whatever it may be, as a matter of course it cannot be compared for an instant with a great city infirmary. But how has Dr. Browne availed himself of such means as exist for benefiting his pupils? It was clearly given to be understood by numbers of medical students that there was scarcely any use in going to the infirmary; that the trial had been made again and again without fruit; that the doctor would not be there to go round the wards of the hospital with them, and, of course, they could not go round by themselves; and for a long time there was a good deal of grumbling in private about not getting instruction, when instruction had been undertaken to be given, and when their fees had been accepted upon that understanding. It is not hard to account for this reticence. The unprotected student subjects himself to no slight responsibility who brings charges of a serious nature against academical superiors. However this may be, the disclosure came at last. Mr. Melville's first letter appeared in the columns of THE LANCET. From that hour a wondrous change was evident in the management of the County Infirmary. Students were to be met on every side declaring, with an air of curious surprise, that they were at length getting some return for their hospital fees. Many were loud in their praise of Mr. Melville, who was acknowledged to have brought about the change. The student who was thus credited with having reformed the County Infirmary has been rusticated, deprived of his scholarship and his matriculation certificate.

Having concluded my survey of the three Clinical Professors with some means for clinical instruction, I have just a word to say of the remaining Clinical Professor without any means for clinical instruction, Dr. Doherty, the Professor of Midwifery. All that can be said is, that he has been for years a clinical teacher in Galway without an hospital; that he has been receiving fees for clinical teaching without a patient to show his students. After THE LANCET had directed attention to the state of affairs in Queen's College, Galway, Dr. Doherty bestirred himself in the face of the emergency. Having got permission from the medical officer of the Poorhouse Infirmary, he selected a case, and gave a clinical lecture upon it. The medical session in Queen's College, Galway, is now nearly at its close, and Professor Doherty's endeavour in the clinical department has up to the present resulted in making out a single case on which he delivered a single lecture!

Sir, you have now fairly before you the story of the Galway Clinical School; how four Professors conduct that school; how, of these four, but two have hospitals more than nominally, and but three have hospitals at all; how of the two whose means of clinical instruction approach the class of realities, *but one*, the Professor of Anatomy and Physiology, made use of those means for the benefit of the students. It is for the public to draw the inference

from such facts. No amount of rustication is investigation. I ask, Sir, for nothing but an open, honest, and searching investigation. To you, in the first instance, I appeal for that fair hearing which the interests of the public, justice to my character, and the position of your journal alike demand. In case of the appointment of a Parliamentary Commission, in case of a sworn and public inquiry, I pledge myself to have the whole truth ascertained upon the most unimpeachable evidence.

I am, Sir, your obedient servant,
March, 1870. F. H. O'DONNELL, M.A.

P.S.—With regard to a statement in my last letter, I have been informed that there were more students present, at least technically, than I was aware. I hasten to forward this correction. I might add that even of those senior students who took an active part in the meeting, several protested in one way or another against its proceedings in reference to me. The really significant fact is, as I learn, that no resolution was passed in reality rebutting a single charge against the medical school.

*** We have been compelled to curtail some of the above communications. Mr. F. H. O'Donnell's letter, in particular, is very long. He goes over a large number of facts connected with the history of the school. It is simply impossible to find room for the insertion of all the correspondence on the subject; but we have striven impartially to afford each side a fair share of our columns. Mr. Melville's communication must stand over until next week; but we may say that he declines to join with Mr. O'Donnell in any question against the Queen's University generally, desiring to confine his complaints (and rightly in our opinion) to the subject of the Galway Medical School. We ought also to say that Mr. Melville wishes it to be understood that he entered on this discussion without any reference whatever to his father, who is one of the Professors at Galway.—ED. L.

Half-pay, R.N., writes to say that we are in error in stating that every naval officer has the option of retiring upon the half-pay scale; for the Admiralty circular says "active half-pay," by which is intended one-half the full pay. We have made inquiries, and cannot find any confirmation of this view; but our correspondent should obtain an answer to the question from the Secretary to the Admiralty before committing himself. In the full-pay scale, published at page 380 of last week's LANCET, the pay of £1 for the surgeon should have read *under*, not *above*, seventeen years' service.

Justitia.—There is a letter, in answer to our correspondent's communication, waiting at our Office.

Mr. E. S. Angove, (Camborne, Cornwall.)—The engraving shall be executed, and published with the explanatory matter.

ATTACKS OF BILIOUS VOMITING IN CHILDREN.

To the Editor of THE LANCET.

SIR,—I should feel much obliged by your inserting the following case in your valuable journal, in the hope that some professional brother may be able to make some suggestion which may be of service in the treatment of the case, which has thus far baffled all attempts.

A little girl, aged seven years and a half, has for some years suffered from attacks of bilious vomiting, which have come on at intervals of about five weeks, without any previous warning, except, perhaps, rather a yellow look about the face, and at times the eyes have been jaundiced. The attacks generally commence in the early morning by the vomiting of a small portion of undigested food, after which bile is vomited with more or less frequency and violence. From seven to ten days all food is rejected by the stomach, even cold water or ice; the skin is dry; tongue at first coated, but after the first week becomes red and glazed; the pulse frequent; no pain in any part; at times sleepless, but generally drowsy; the intestines appear empty; the liver is of a normal size; the urine healthy, and in good quantity; the spleen is rather large. After having gone on thus for about two weeks, the sickness suddenly ceases, and a rapid recovery is made. The first action of the bowels generally consists of a putty-like mass; after this has passed, bile begins again to pass by the bowel, but during the interval they are confined; no action without the use of aperients or injections. In the interval the spirits and appetite are good, and there is great bodily activity. All the usual remedies have been tried to shorten the attacks, such as acids, alkalies, ice to the spine, blisters, poultices, calomel, &c., but without avail. The treatment has lately consisted of nutrient enemata only, and during the intervals aperients, injections, and tonics, such as strychnine, and great attention to the diet, &c.

If any of your readers can make any suggestions, they will confer a great favour upon,
Yours faithfully,
London, February 25th, 1870. A CONSTANT READER.

BURSLEM AND WOLSTANTON BOARD OF GUARDIANS AND THE PRIVY COUNCIL.

THE Board has resolved to divide the union into three vaccination districts, contrary to the advice and regulations of the Privy Council. Under Art. 2, the Privy Council pointed out, the towns of Wolstanton and Burslem could not be divided for the purpose of vaccination, but should each be placed wholly in a separate district. The Board, in rather a defiant spirit, resolved "that the union be divided into three vaccination districts, two for the entire parish of Wolstanton (population 22,029), and one for the entire parish of Burslem, and that the clerk apply to the Privy Council, asking for their consent to their arrangement." We have already expressed our doubts about the wisdom of the regulation, in virtue of which the number of public vaccinators is reduced. But while the law is still in force, we think a fair trial of it should be made by Boards.

Dubitans.—The letter our correspondent wishes to be returned has unfortunately been mislaid. A member of the College of Physicians is not, as such, entitled to call himself "Doctor."

X. Y.—There is a Calendar published, but we do not know whether it was in existence in 1862. Cannot our correspondent ask some friend to apply personally to the Registrar?

Mr. T. H. Morton's (Sheffield) notes shall appear in an early number.

ANATOMY AND SURGERY IN STAFFORDSHIRE.

SPITE of itinerant lecturers and popular treatises on Anatomy, discoveries are sometimes made in the mining districts which are calculated to excite our surprise. Here is a statement which will teach something new to men like Huxley, Marshall, and other advanced anatomists. According to a paragraph from the *Staffordshire Sentinel*, forwarded by a correspondent, men in that part of England have their heads adjusted on their necks by means of a ball-and-socket joint. A workman, named Weston, had the misfortune to run his head against a door-frame, and to sustain a displacement of the neck. He was taken to the infirmary, where the bone was "immediately replaced in its socket," and the lucky "patient was back at his work the same day"!

Mrs. Baden Powell.—The sample of milk tested was probably exceptional. The amount of cream varies greatly even in perfectly genuine milk of good quality. We shall probably treat at length the important subject referred to in the letter of our correspondent.

Mr. E. T. Tibbits' (Rugeley) cases shall be published in an early number.

THE ROYAL MEDICAL BENEVOLENT COLLEGE.

To the Editor of THE LANCET.

SIR,—Daily experience proves that in all public institutions, however well-intentioned their Directors or Governors may be, abuses will and do creep in, and those whose duty it is constantly to watch over and direct the institution, either do not see them, or, what is worse, decline to attempt their removal; and daily experience further proves that the best and only remedy in such cases is to make known the grievances through the medium of the press.

I trust, therefore, that you will be good enough to lend me your valuable aid by inserting this letter in THE LANCET, and thus help me to bring about what I consider a necessary reform.

There is no reason, either pecuniary or otherwise, why the Medical College at Epsom should not equal any of our great schools, either as regards its educational standard, or general arrangement for the health and comfort of the boys. On the contrary, there is every reason why it should, and ought to, equal any of our public schools in its educational standard; and its Governors and Council being chiefly composed of medical men, it would naturally be expected that the arrangements for health and comfort should be a pattern of good management. But I boldly assert that the educational standard is far from what it should be, and is unquestionably below that of our great public schools; and that the arrangements for the diet and general hygiene are very defective, and such as to reflect great discredit on the governing body of the College.

I will only mention one instance in proof of this mismanagement. A large room has been lately built for the use of the lower school boys (numbering about 150) when out of school, in which there were no means originally provided for warming it, and the boys were allowed to remain in this room without any artificial heat during the late severe weather; and it was not until the matter had been strongly represented to the Council that they made some slight and insufficient provision for warming it. The absence of proper warmth occasioned a great increase of ailments and discomfort amongst the boys, such as colds and chilblains.

It appears to me that the best way of bringing about the reform so urgently needed in this institution will be to call a special general meeting of the Governors, which, by the statutes of the College, can be done by twenty of the Governors, and that at that special meeting a Committee should be appointed to investigate thoroughly the condition of the College, both as to its educational status and domestic arrangements, and suggest what may appear to them the best means of improving the existing condition of the school, and of removing any abuses, which report may be presented to another special meeting to be called for the purpose.

I trust that those who agree with me in this suggestion will communicate their willingness to join me in carrying out this plan, the first part of which will require twenty names or more in order to convene the meeting, and to decide when and where it should be held.

I have special reasons for adopting at the present time the anonymous style, much as I object to it in a general way, and therefore I subscribe myself,
March, 1870. MEDICUS.

P.S.—Any answers to this may be addressed to the care of Messrs. Corbyn and Co., Holborn.

To the Editor of THE LANCET.

SIR,—I have felt a deep interest in the well-being of Epsom College, and am pained to learn from several quarters that a bad spirit exists among the pupils; not, as I learn, a spirit of insubordination, but, what is worse, an absence of honour and gentlemanly feeling. The report is, that during the past twelve months a series of thefts have been committed by breaking open the boys' boxes, and extracting the contents. This has been so frequent, and the offenders allowed to go unpunished, that it would seem as if the Council were indifferent to such matters. Will you permit me to inquire, through THE LANCET, if such be true, and, if so, if the Council have taken any steps to prevent a repetition of such disgraceful proceedings. The only members of the Council that I happen to know are Dr. Carr and Mr. Quain, and I am sure that neither of these gentlemen will allow such a report to exist without instituting a rigid inquiry.—Yours truly,

L. OWEN FOX, M.D., F.R.C.S.,
Formerly Hon. Local Secretary, and a Life Governor.
Broughton, Winchester, March 14th, 1870.

Mr. W. Hodgson, (Darlington.)—We would advise our correspondent to procure, through a London bookseller, Prof. Longmore's Report to the War Office upon Ambulance and Transport for Sick and Wounded. He will find a description of a great variety of conveyances, and he might make such modifications as would adapt some particular one to the purposes named.

Regular Subscriber, if he reads German, will find Carl Vogt's "Zoologische Briefe" answer his purpose best. If not, the article in the "Cyclopædia Britannica" will furnish or suggest the information required.

THE letter of *Mr. A. B. Cheere* (Devonport) shall receive insertion.

ACCIDENTAL POISONING AT ST. PANCRAS.

FOR the second time within a few weeks a patient has been killed by the administration of medicine intended for some other patient. It does not seem possible to order anything in the absence of the dispenser without the risk of the patient getting it twice over; and if not the patient for whom it was prescribed, some one else. It is an imperative rule in all well-regulated hospitals that every prescription shall be made up from the card, and that the dispenser shall affix his signature in token of the medicine having been duly sent. The sooner this very simple rule is adopted at St. Pancras the better, or more accidents will certainly arise.

Mr. John Dearden (Accrington) will find when his paper appears that his request has been attended to.

W. W.—Dislocation of the acromial end of the clavicle downwards is exceedingly rare, only three well-authenticated cases having been placed on record. Dislocation of the acromial end under the coracoid process, which we presume is the accident in the case referred to, is as rare—in fact, Hamilton doubts the occurrence altogether. At the end of six weeks we doubt if reduction should be attempted.

Dispenser had better apply to Mr. Howard, Clerk to the Guardians of Bethnal-green.

THE ASPHYXIATED.

To the Editor of THE LANCET.

SIR,—I beg to forward you a copy of an important communication that we have had the honour to receive from M. de Labordette, Chevalier de la Légion d'Honneur, et Chirurgien de l'Hôpital de Lisieux, in which it is stated that contraction of the jaws is not a sign of death in cases of asphyxia. In maturing its plan for the treatment of the apparently drowned, the National Life-Boat Institution has always received the kind and valuable co-operation of THE LANCET, and we therefore venture to hope that you will give publicity to the accompanying letter bearing on the same important subject.

I am, Sir, your faithful servant,

RICHARD LEWIS.

Royal National Life-Boat Institution, John-street,
Adelphi, London, Feb. 9th, 1870.

To the Secretary of the Royal and National Life-Boat Society.

SIR,—I beg you to make my best acknowledgments to the Committee of the Life-Boat Society for the kind communication of the 17th August, 1869.

If I now take the liberty of inviting the attention of the Committee to one of the paragraphs in the "Instructions," it is because I deem it my duty to suggest that serious accidents might result from the interpretation thereof. After reiterated experiments and prolonged researches, I have arrived at the conviction—I had almost said irrefragable certainty—that the contraction of the jaws is not a sign of death. I have, on the contrary, found that when, in the case of a person who has remained but a short time under water, this contraction exists, it is a sign of life. When I first had the honour of writing to the Committee, I had already published a dissertation, wherein were set forth the experiments made by me upon animals, which led me to conclude in favour of this opinion. This dissertation, published by the Committee, "Des Annales d'Hygiène Publique et de Médecine Légale," 2nd série, 1868, tome XXIX., gained the prize awarded by the Academy of Sciences in the public competition of 1869. I have since then collected manifold observations relating to persons drowned or asphyxiated in whose case contraction of the jaws was remarked, and who were subsequently restored to life.

Being desirous of sending my answer to your letter of the 17th August last, I was anxious to obtain, in addition to the support which recent observations had afforded to my views on asphyxia, the opinion of an eminent man, well known both in England and France for his learning and research—namely, M. Brown-Séquard. I had the honour of an interview with this gentleman on the 29th December last, and submitted for his opinion the paragraph referred to, in which, amongst the signs of death, are mentioned: "the fingers are semi-contracted, the jaws clenched;" whereupon M. Brown-Séquard expressed himself thus:—"I empower you to write to the Life-Boat Society in my name, and to affirm that the contraction of the jaws, and even that of the fingers, so far from being a sign of death, is, on the contrary, a sign of life. We have made numerous experiments, which are published in the 'Transactions of the Medico-Chirurgical Society,' vol. xiv. If in our observations we have not drawn attention to the contraction of the jaws and limbs in the case of animals restored, it was simply because it seemed to us an accepted fact. As to what is the cause of such contraction it is as yet difficult to determine."

After taking into consideration the opinion expressed by me as to the physiological cause of the contraction which I had advanced in my dissertation, M. Brown-Séquard informed me that he would in the month of March next invite me to Paris, in order to make experiments in the laboratory of the Faculty of Medicine that might afford a solution as to the causes of such contraction.

I have deemed it incumbent on me to submit to you the result of my interview with M. Brown-Séquard. The question I have been seeking to solve has been so intimately touched upon, and in so marked a manner upheld, that I have hastened to make known to you what has taken place, as I shall also have later the honour of communicating the result of the experiments proposed to be made. Together with these few lines I forward the pamphlet I have published, and shall deem myself fortunate should the Committee find my researches worthy of their approbation.

To you, Sir, I have ventured to address myself, with the full persuasion that at your hands I shall meet the kindly reception you always accord to those who devote their time and labours to the interests of humanity.

Receive, &c.,

A. DE LABORDETTE,
Chirurgien de l'Hôpital de Lisieux.

An Enquirer.—The University of Erlangen grants the degree of M.D. to medical men already qualified under the following conditions:—1. Reference as to general education and complete medical studies. 2. Written and oral examinations in Anatomy, Physiology, Pathology, and the Principles and Practice of Medicine, Surgery, and Midwifery, for which personal attendance is indispensable. 3. Exhibition of a dissertation on some medical subject. The fees amount to £30.

B. D. may consult with advantage Quain's treatise, of which, we believe, fifteen parts, at £3 3s. each, are published.

"HOW TO DO IT," AND "HOW NOT TO DO IT."

IN connexion with the questions put by a correspondent a few weeks ago respecting the outbreak of scarlet fever on board the troop-ship *Orontes*, we have since received the following particulars from an authentic source: On the day of the arrival of H.M.S. *Orontes* in Simon's Bay, a military officer was found by the medical officer in charge of troops to have scarlet fever. He was landed at once, and every necessary precaution was used to prevent further spread of the disease. No other cases than this one occurred on board among the people conveyed in the *Orontes* to other ports in the Cape colony, nor did any other case occur on board the ship before she took her final departure for England; but before leaving, an unofficial report came from Graham's Town, that a young lady who had travelled in the *Orontes* from Simon's Bay to East London had had an attack of scarlet fever some days after landing. It is needful to observe here that this young lady before her embarkation was residing in Simon's Town, and was on visiting, if not intimate, terms with the family of an official whose daughter was also attacked with scarlet fever soon after the departure of the *Orontes* for East London; yet the daughter of the official referred to was never on board the *Orontes*, nor can it be discovered among the officers of the ship that any were visitors at the house of the official. Connected with this outbreak of scarlet fever, there is one significant fact—namely: The military officer was on shore at St. Helena, and after he was landed at Simon's Bay no fresh case occurred on board the ship until after an interval of eight weeks, when she had again visited St. Helena, and received from that island several men, women, and children. To this may be added, that on the outward passage, nine days after leaving St. Helena, the scarlet-fever case appeared in Simon's Bay; and on the homeward voyage, seventeen days after leaving the Cape, and seven days after leaving St. Helena, the fever again showed itself at Ascension. It is tolerably certain, therefore, that the scarlet fever was in both instances contracted in St. Helena, and no blame appears to be attributable to the medical officers of the *Orontes*, by whom every precaution as regards disinfection &c. was taken.

THE "COMPOSITOR'S THUMB."

A CORRESPONDENT inquires whether there is any remedy for the painful cracks upon the thumb and finger, to which compositors are especially liable during the winter season. If the cracks are once allowed to form, there is no remedy but sufficient rest, and this may be secured, without absolute cessation from work, by having the affected parts thoroughly cleansed with warm water, dried, and then covered with adhesive plaster. A plaster spread upon wash-leather would probably impede the use of the thumb and finger less than any other, and might be made into finger-stalls. Mr. Ewen, of Jermyn-street, would supply a suitable material. It is probable that much might be done in the way of prevention, either by a coating of non-contractile collodion, or of collodion mixed with castor oil, and the resulting surface, if too slippery, might be modified by being rubbed over with flour. We shall be glad to hear whether these suggestions are of practical utility.

Dr. J. F. MacEvers's (Cork) report has not been received. We shall notice it when it arrives.

Mr. W. Walker (Manchester) should consult his medical adviser before resorting to any remedial agent which comes under the category of "patent medicines," or figures largely in the advertising columns of the provincial press.

Dr. C. P. Coombs.—THE LANCET of March 5th and 12th contains advertisements which will give the information required.

COMMUNICATIONS, LETTERS, &c., have been received from—Prof. Gamgee, Birmingham; Prof. Parkes, Netley; Lord Shaftesbury; Dr. Cobbold; Dr. C. J. B. Williams; Dr. Laycock, Edinburgh; Mr. Smith, Halifax; Mr. J. Cooper; Mr. Chantrey; Mr. Evans, Sheffield; Mr. Hodgson, Darlington; Mr. Brock, Llandrinio; Mr. Travers, Milestown; Mr. Campbell; Mr. Crouch; Dr. Cocks, Ross; Dr. Donkin, Sunderland; Dr. Fox, Dublin; Dr. Walker; Mr. Pye; Mr. Harvey; Mr. Dearden; Mr. Fry, Maidstone; Mr. Warrener, Kingston; Dr. May, Aston; Dr. Morreson; Dr. Tibbits, Rugeley; Dr. Morris, Swindon; Dr. Whitfield; Mr. C. Jarvis, Bradford; Dr. Wilbe; Mr. Taylor, Waltham; Mr. Josephs; Mr. Hutton; Mr. Angove, Camborne; Mr. Brand; Mr. Jenkins, Scard; Mr. Jarman, Uppingham; Mr. Jackson; Mr. Benham; Mr. Cavan; Mr. R. Griffiths; Mr. Greening; Dr. England, Moulton; Mr. Holmes; Mr. P. Foster, Leeds; Mr. Austin; Mr. Macdonald, Wellington; Mr. Watt, Montreal; Mr. W. Edwards, Dunblane; Mr. Farrer; Dr. Chalmers, Liverpool; Dr. Clarke, South Molton; Dr. Morton, Sheffield; Mr. White; Mr. Meyer; Dr. Philipson, Newcastle; Mr. Colthurst; Dr. Sweeting; Mr. R. Cross; Dr. Coombs; Dr. MacEvers, Cork; Mr. Hutchinson; Dr. Cheves, Devonport; Mr. Higginbottom, Nottingham; Dr. Barnes, Carlisle; Mr. Girdler; Dr. Young; Mr. Dickson; Mr. Hopkins; Mr. Thomas, St. Clears; Dr. O'Connor, Mile-end; Mr. Clapp, Nantyglo; Mr. Russell; Dr. Phillips; Mr. Cornwell, Truro; Mr. Scobell, Ryde; Mr. O'Donnell, Galway; Dr. Taylor, Ticehurst; Mr. Homershaw; Mr. Henry; Dr. Bright; Mr. Bruce; Mr. Richard; Mr. Burnes; M.D.; Enquirer; Regular Subscriber; E.H.; One of the Indian Medical Officers; B. D.; A Country Doctor; R. M.; Chirurgeon; &c. &c.

Sheffield Independent, Gazette Médicale d'Orient, Giornale Italiano, Echo, Norwich Argus, Brighton Guardian, Western Mail, Redditch Indicator, Birmingham Daily Post, Salford Chronicle, Brighton Gazette, Birmingham Daily Gazette, American Practitioner, and *Galway Indicator* have been received.